

Blood Vascular and Blood Flow Magnetic Resonance Imaging

혈관 및 혈류 자기공명영상

2015. 4. 29

Sung-Hong Park

Department of Bio and Brain Engineering

Korea Advanced Institute of Science and Technology



Contents

- Blood Vascular MRI
- Blood Flow MRI

What is the difference between blood and other tissues?

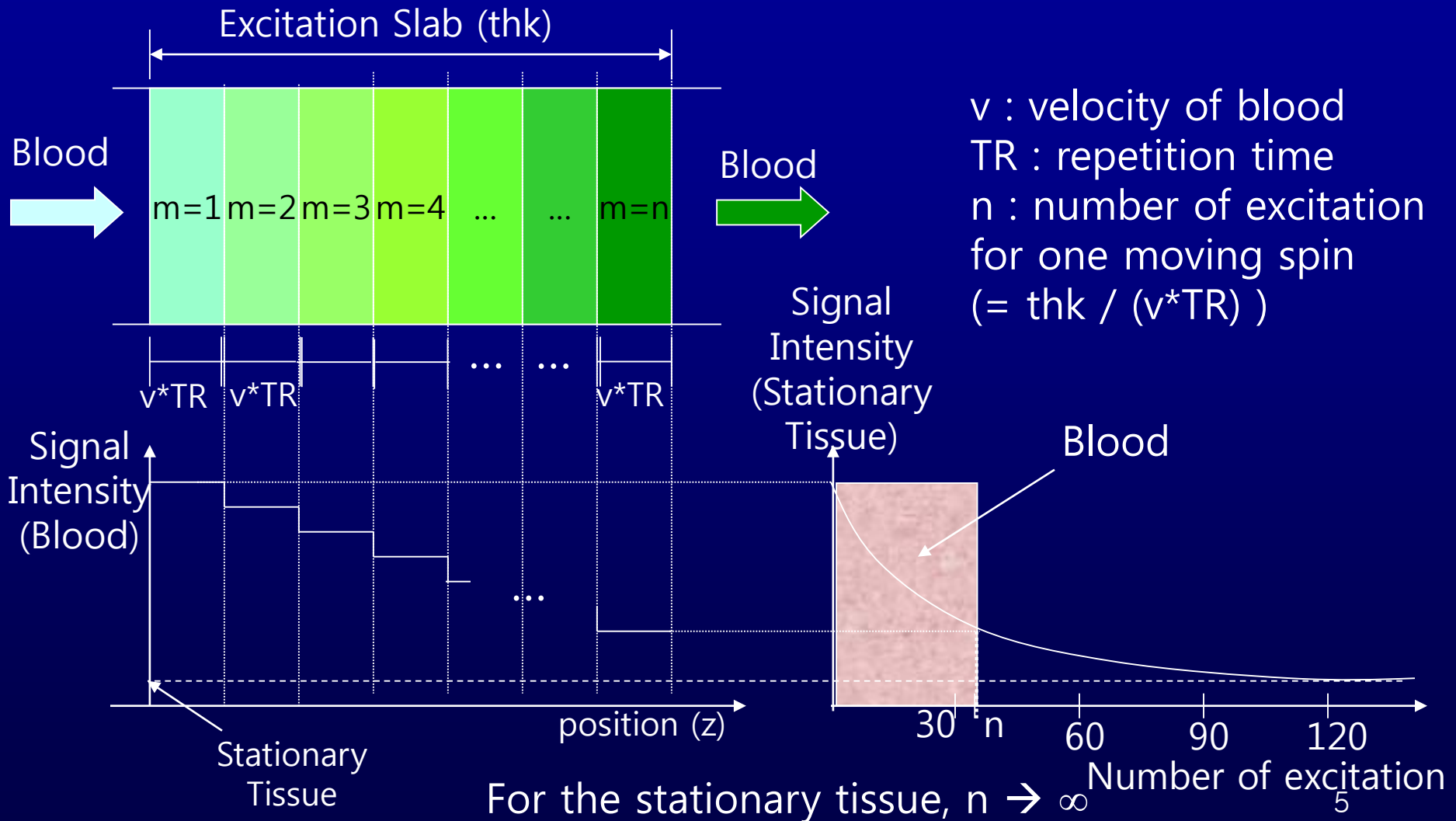
- Moving
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 - Phase Contrast (PC) angiography : subtraction of images acquired with flow encoding and flow compensation
- Circulating
 - Contrast Enhanced (CE) angiography : injection of Gd-based contrast agent and dynamic acquisition of gradient echo images with very shortest TR/TE ($\leq 5\text{ms}$) and low flip angle
- Deoxyhemoglobin in venous blood (paramagnetic)
 - BOLD Venography (Susceptibility-Weighted Imaging)

What is the difference between blood and other tissues?

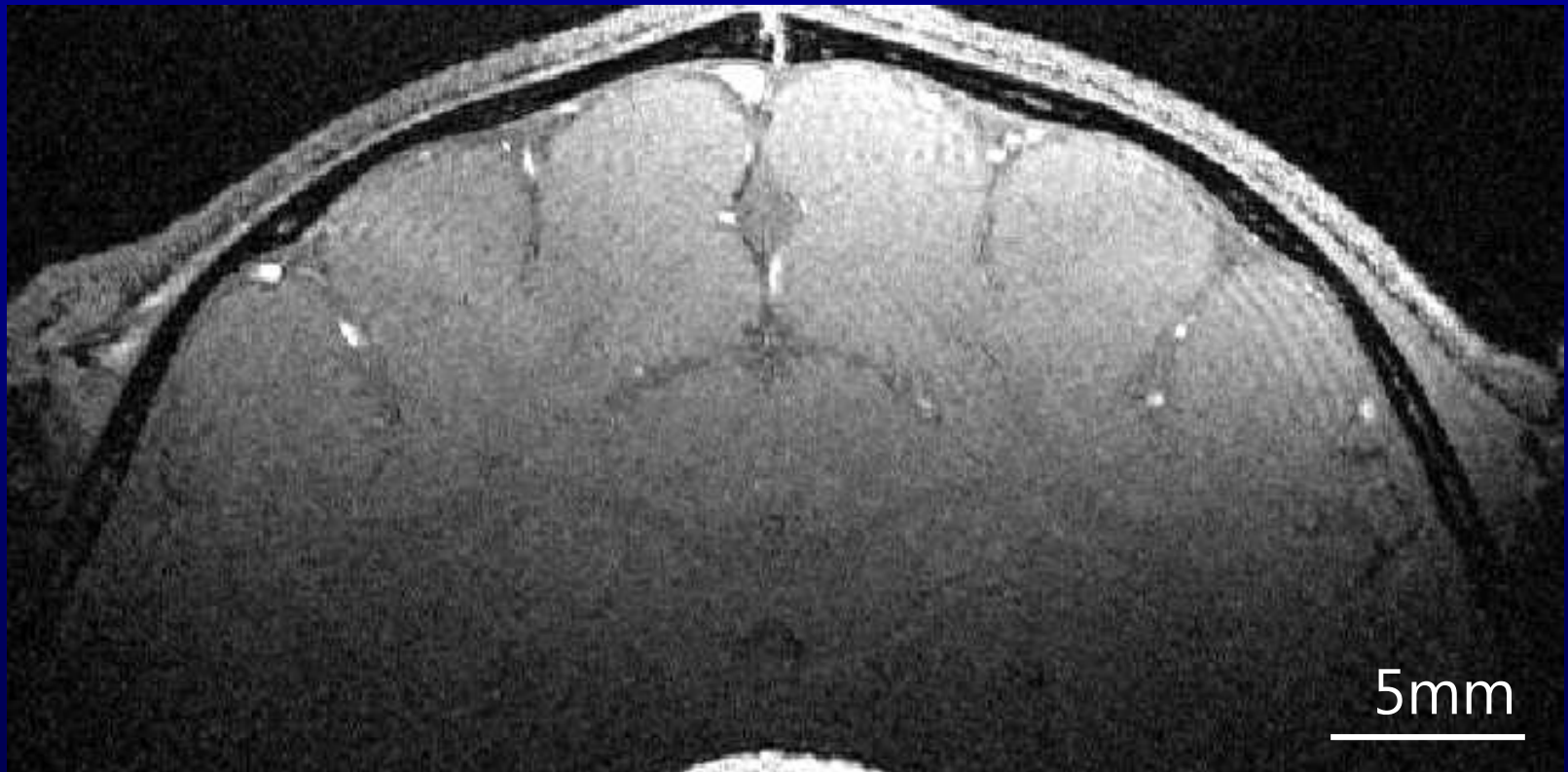
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Time-of-flight (TOF) Angiography

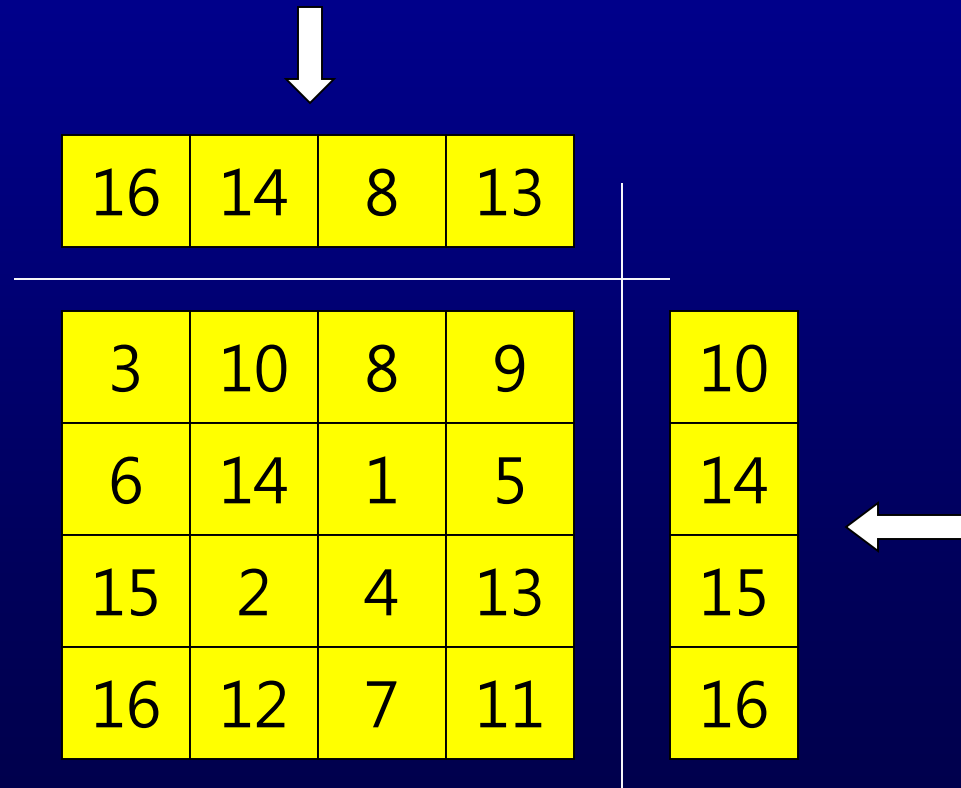
(2) Inflow Enhancement



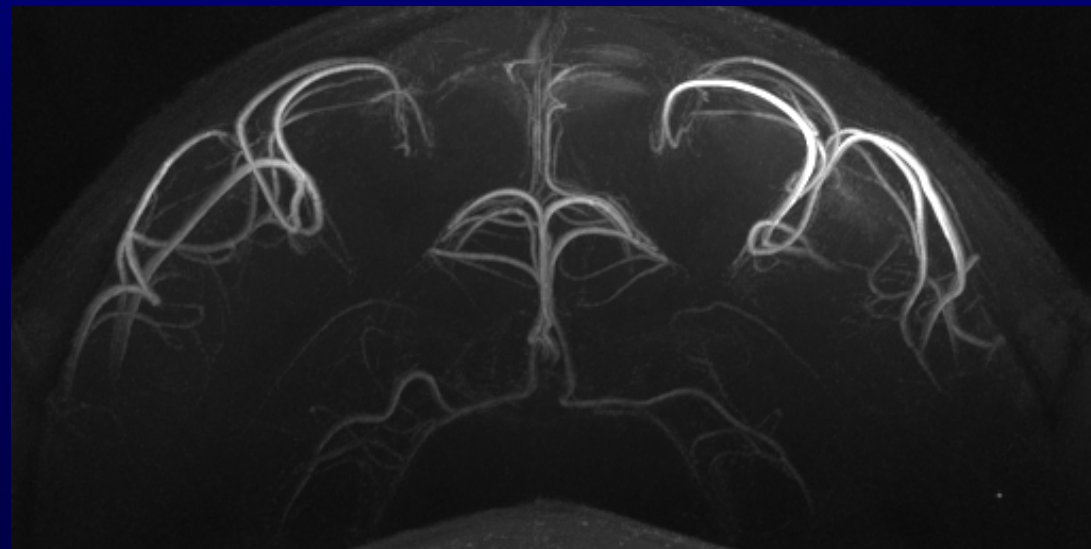
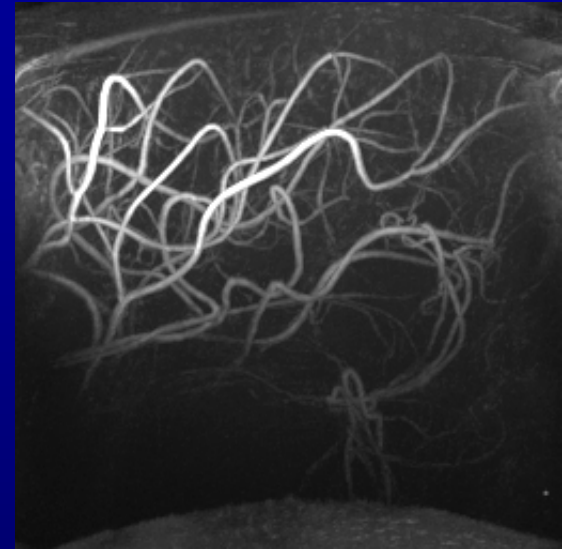
Time-of-flight (TOF) Angiography (3) 3D Base Image (Cat Brain)



Time-of-flight (TOF) Angiography (4) Maximum Intensity Projection (MIP)



TOF MR Angiography at 9.4T (Cat)



TR/TE:50/3.6 (ms)

FOV : 4x2x2 (cm³)

Mat : 384x192x192

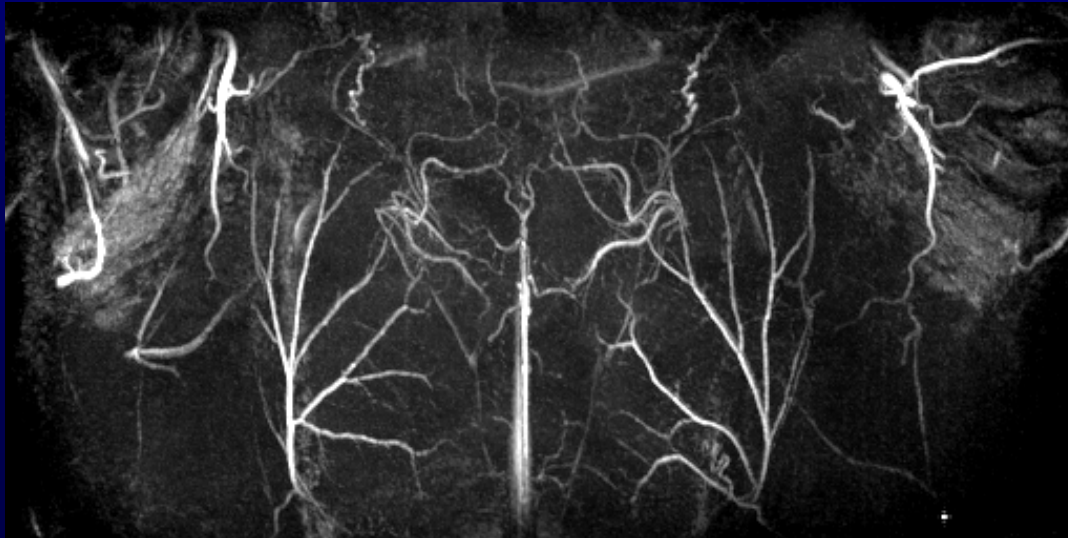
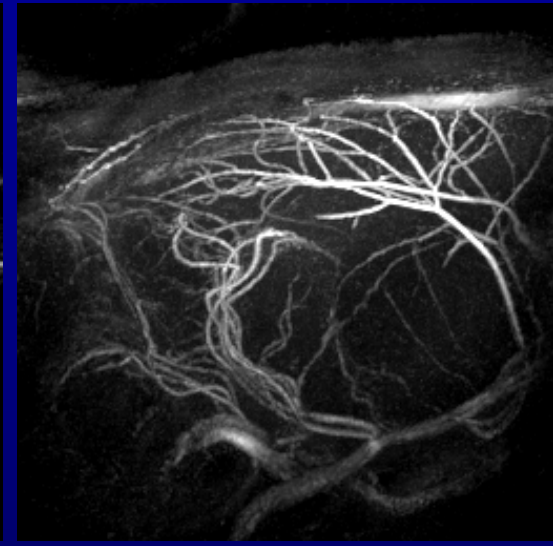
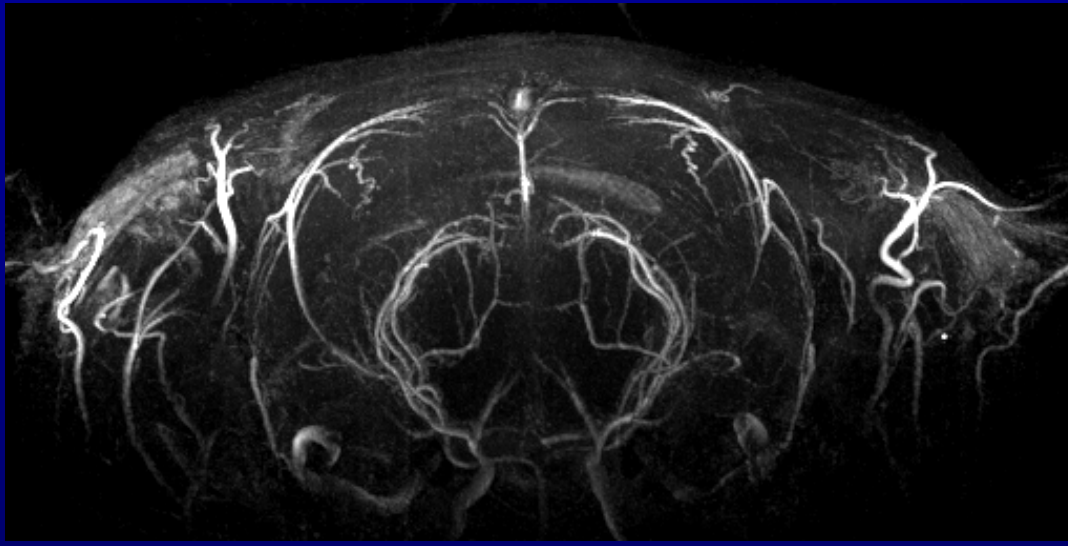
→ 512x256x256

FA : around 20°

1st order flow com. (S,R)

MTC

TOF MR Angiography at 9.4T (Rat)



TR/TE:50/3.6 (ms)

FOV : 3x1.5x1.5 (cm³)

Mat : 384x192x192

→ 512x256x256

FA : around 20°

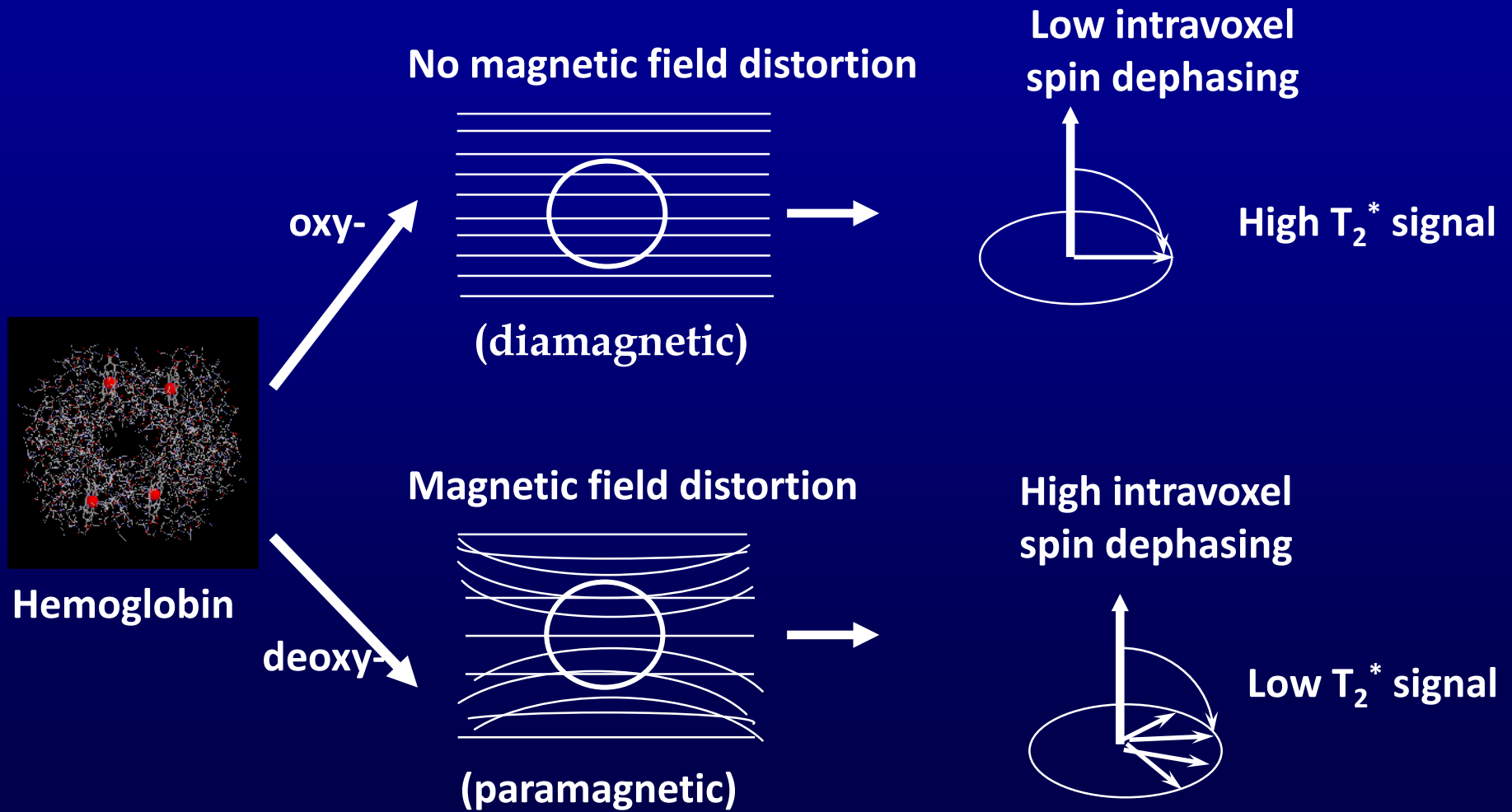
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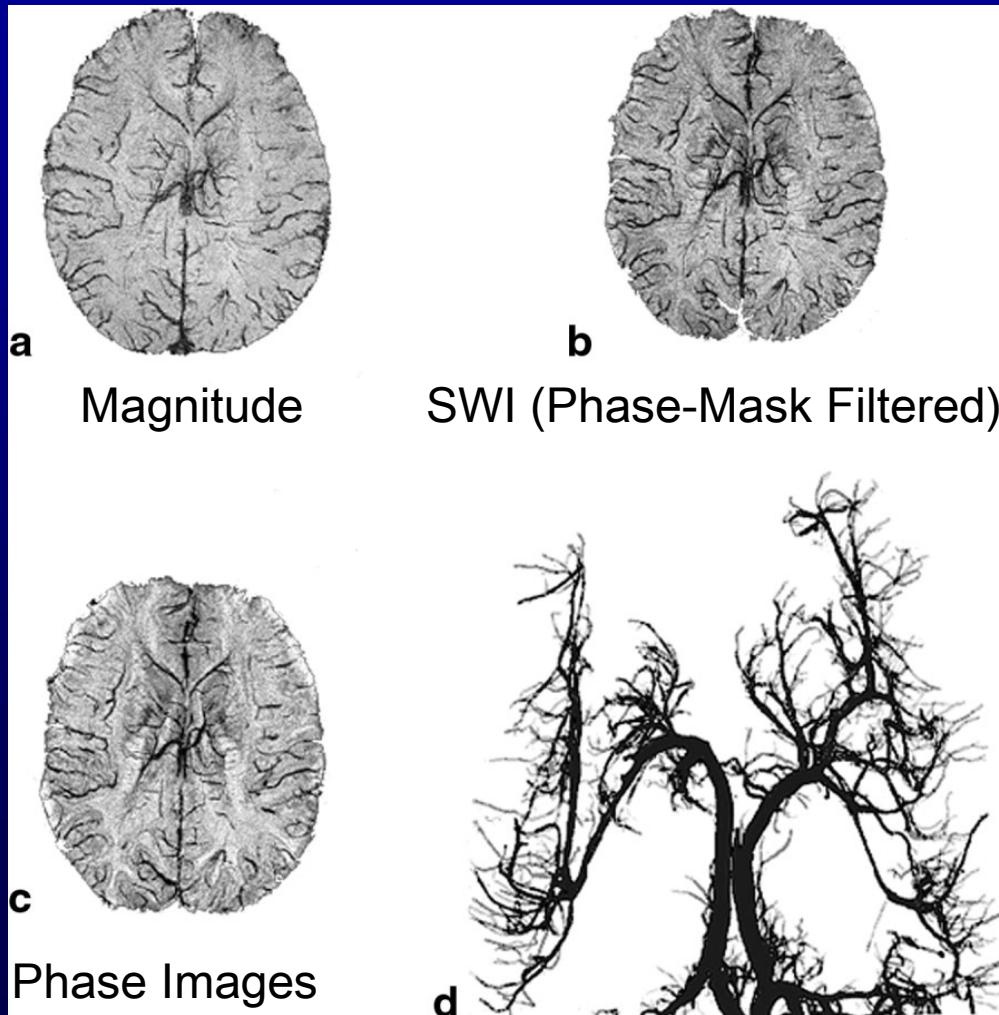
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Magnetic properties of oxy- /deoxy- Hemoglobin (Hb)

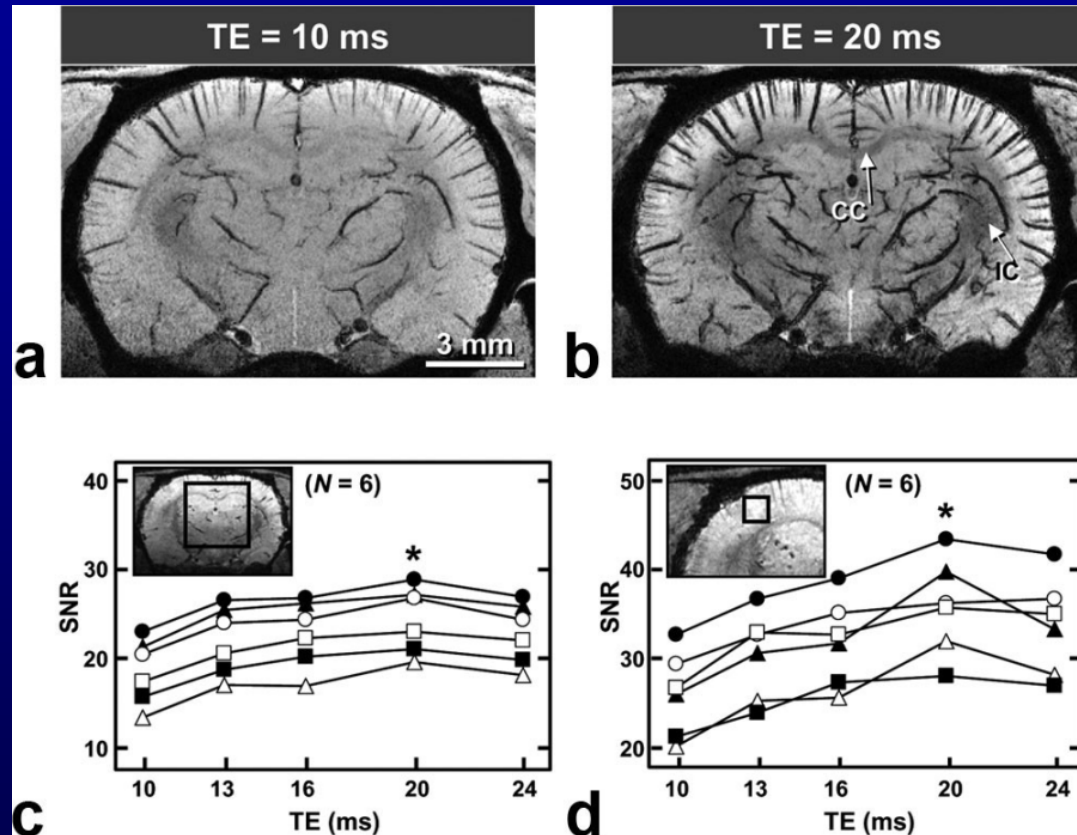


Susceptibility-Weighted Imaging (SWI)



Haacke et al,
Magn Reson Med
2004;52:612-618)

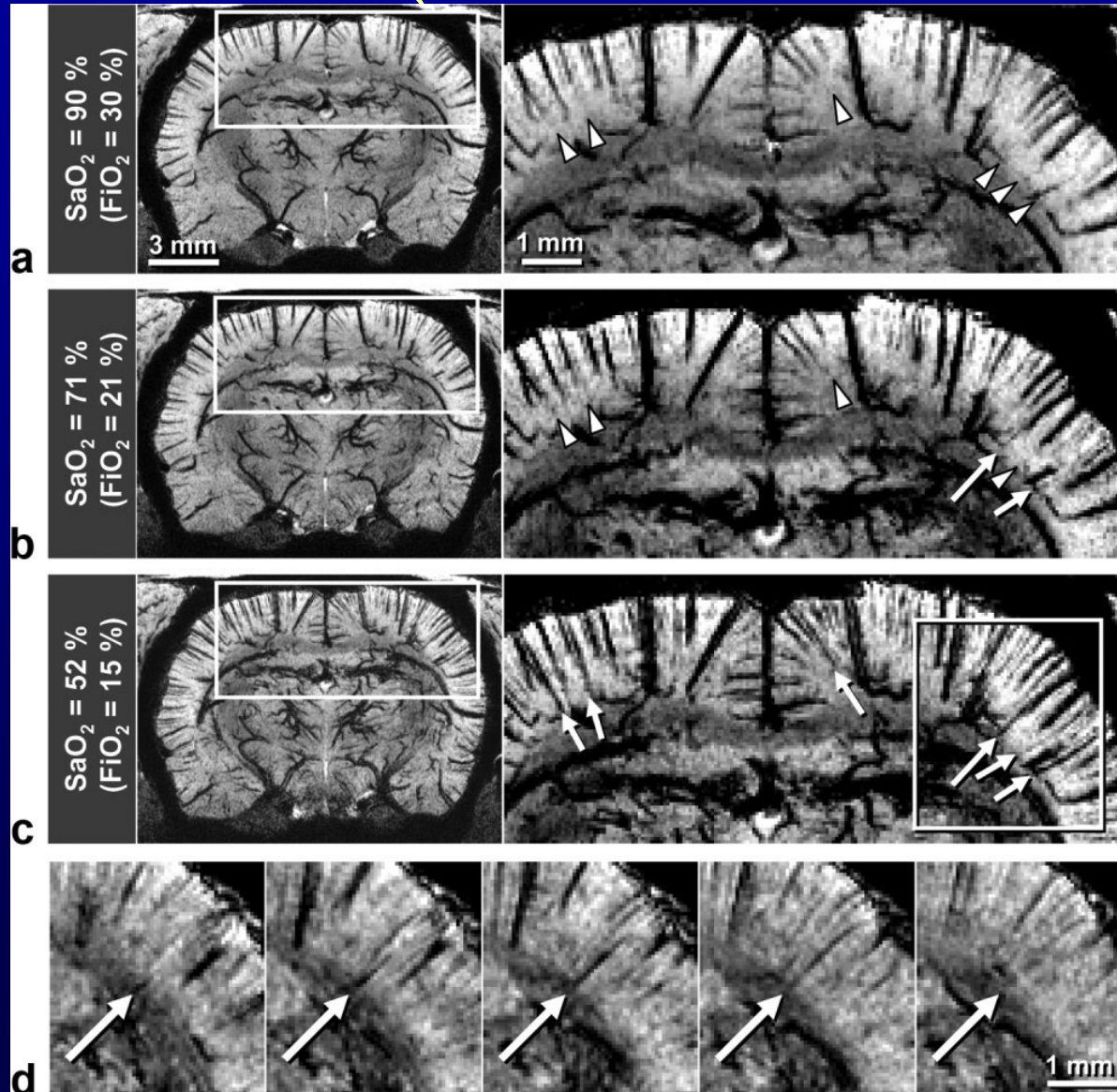
Susceptibility-Weighted Imaging at High Field



- T_2 of venous blood : 190 ms at 1.5T, 100 ms at 3T, **7 ms at 9.4T**
- Low Field BOLD Venography (1.5T, 3.0T) : Set echo time for the phase difference between vein and other tissues to be 180° (25ms–50ms) and apply phase-mask filtering
- High Field BOLD Venography (9.4T)
 - Set echo time to be 3 or 4 times longer than T_2 of vein (20~25ms)
 - Natural T_2 or T_2^* decay suppresses venous signal. No specific post-processing.

(Park et al, Magn Reson Med 2008;59:855-865)

Oxygenation-dependent BOLD Microscopy at 9.4T (No Phase-Mask Filtering)

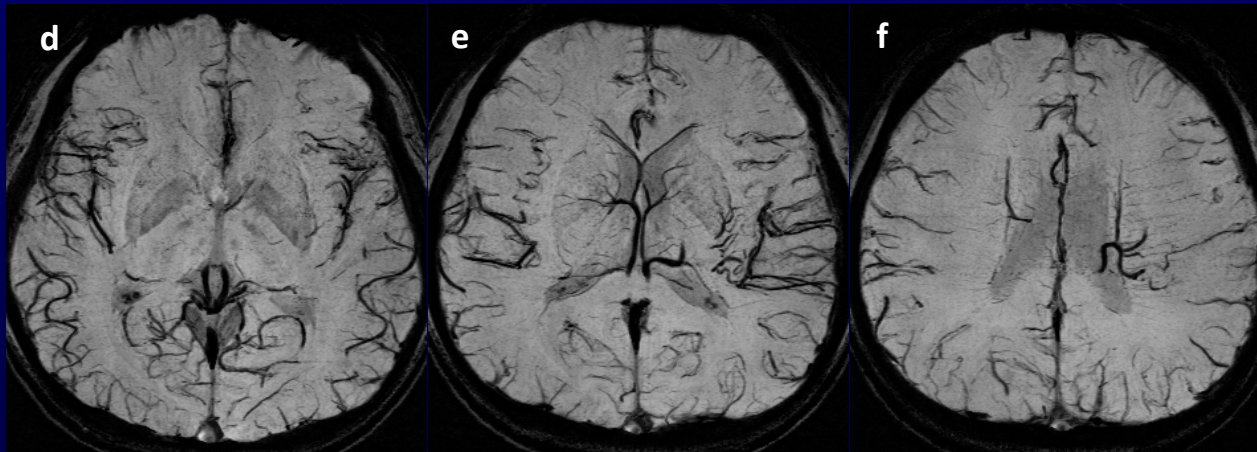
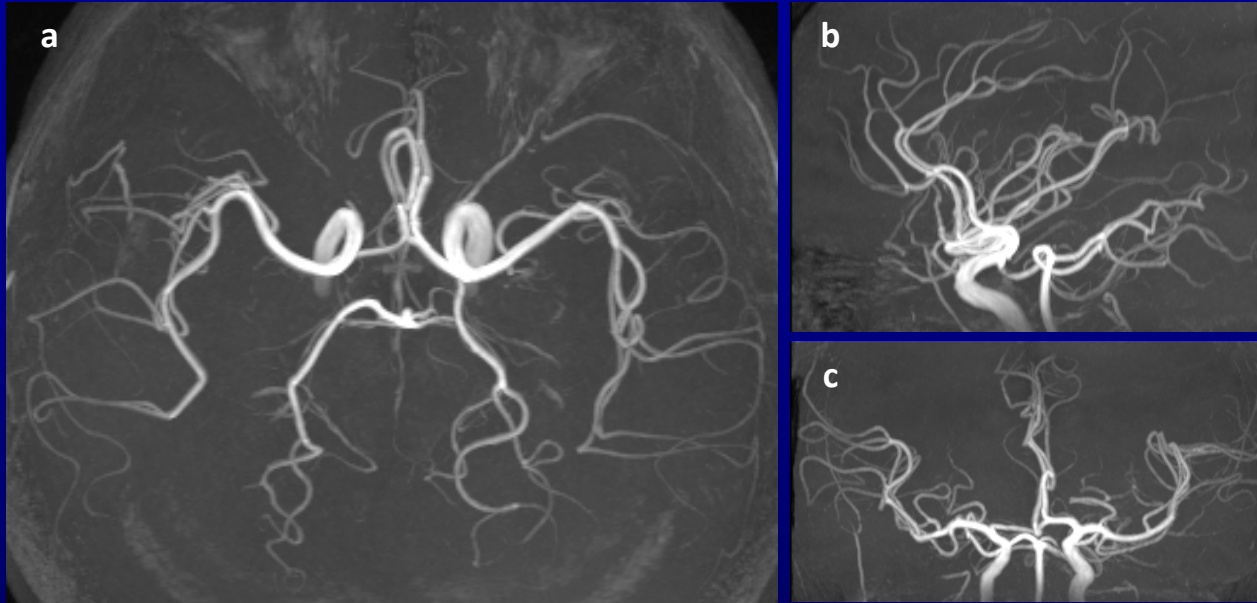


(Park et al, Magn
Reson Med
2008;59:855-865)

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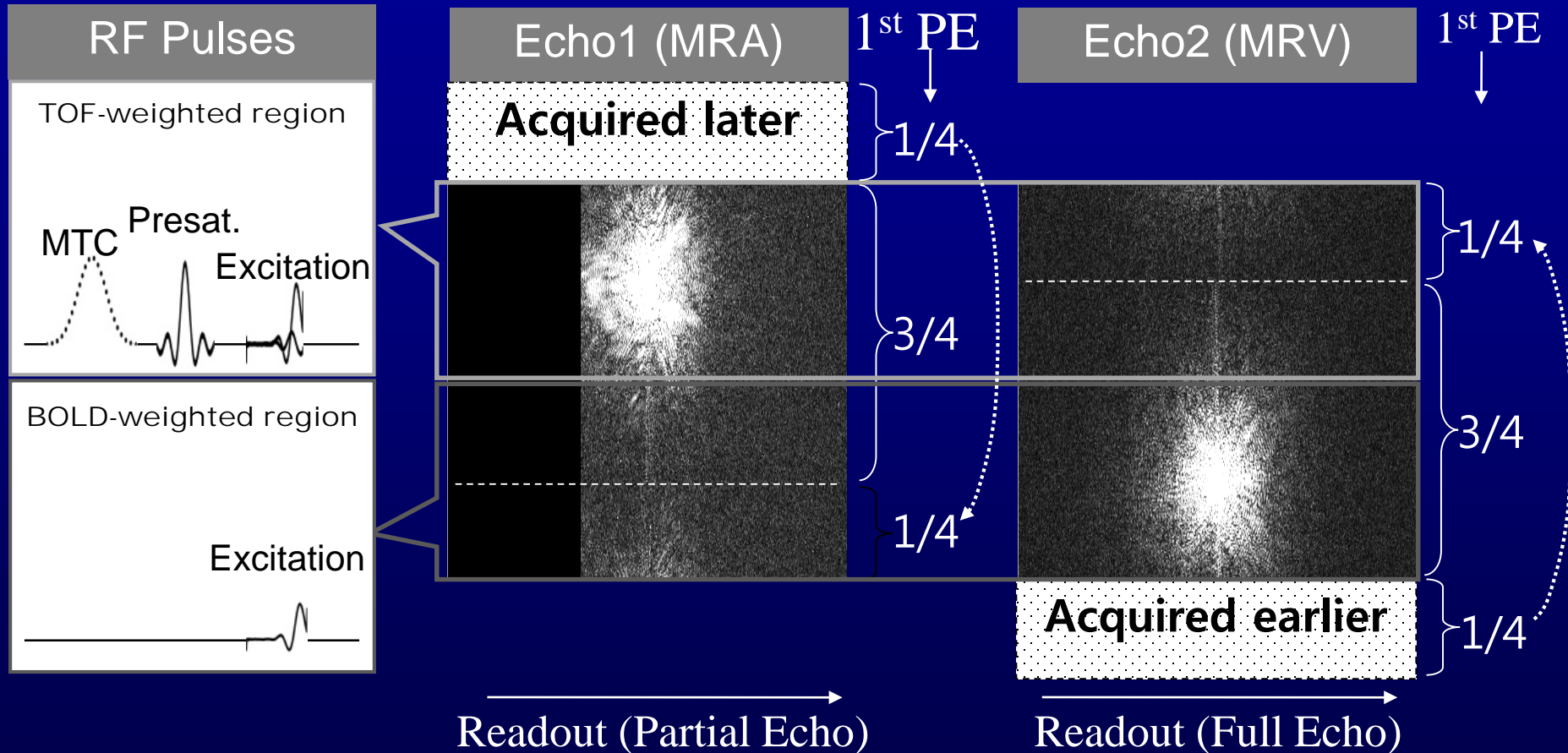
Compatible Dual-Echo Arteriovenography (CODEA)



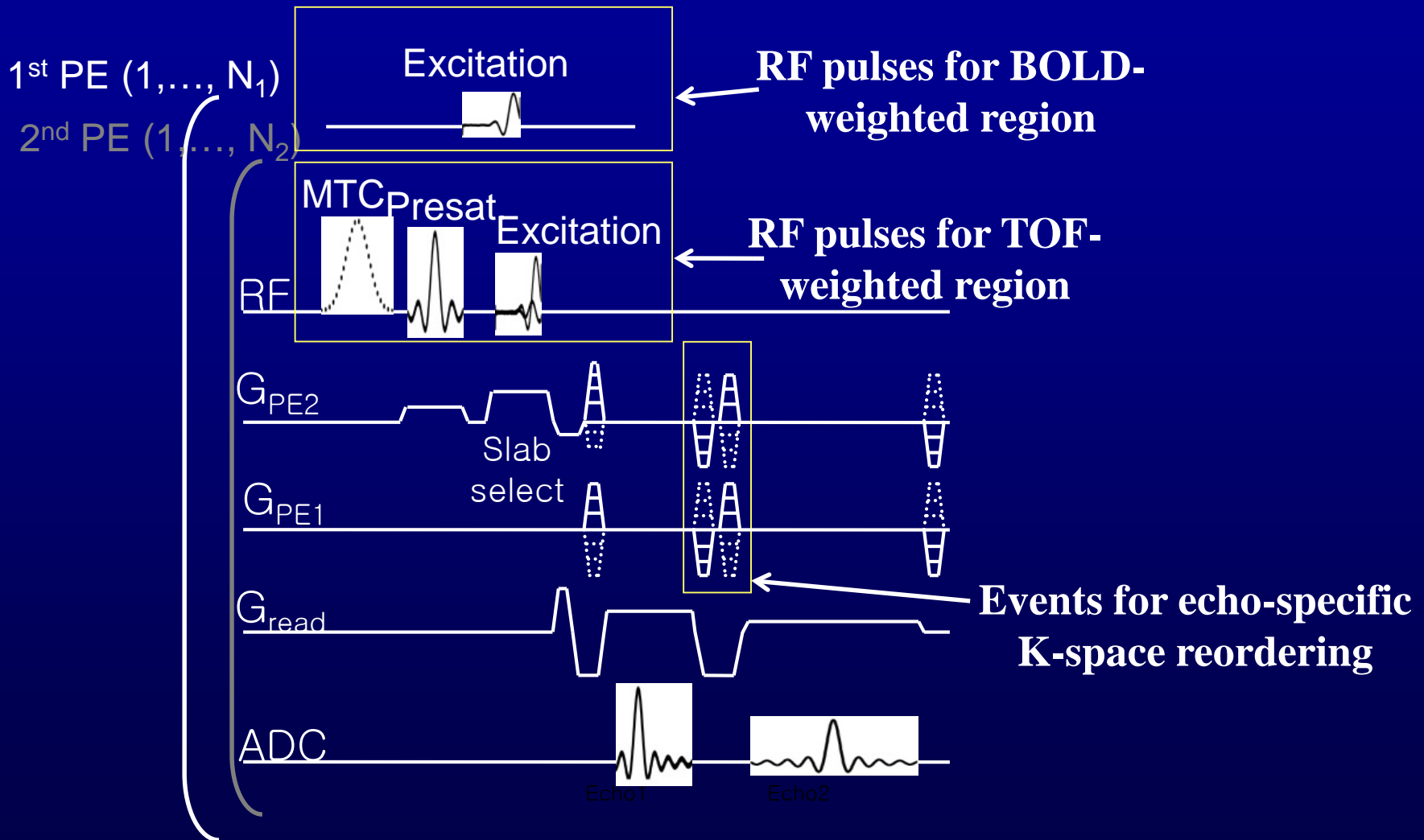
Echo1(MRA)
/Echo2(MRV)

- TR: 40ms
- TE: 3.2/20ms
- Flip angle: 25°(ramp)
/ 15°(flat)
- Presaturation: on/off
- FOV: 240x180x80mm³
- Mat : 512x192x64
- ST : 9.8 min
- Echo-specific K-space reordering scheme

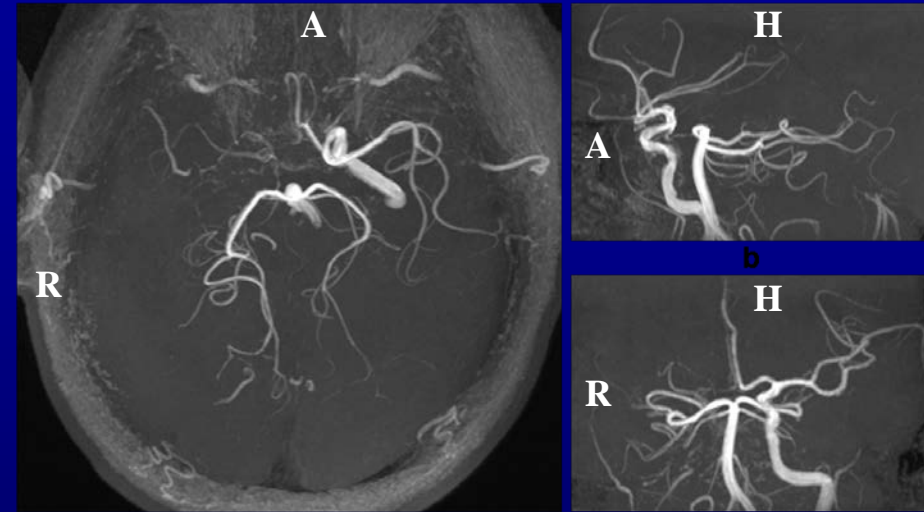
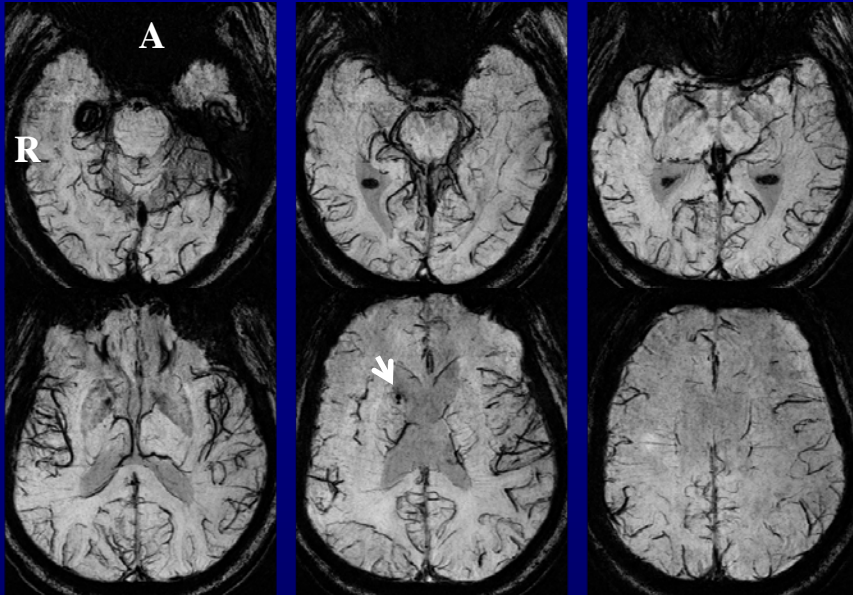
K-space Reordering in CODEA



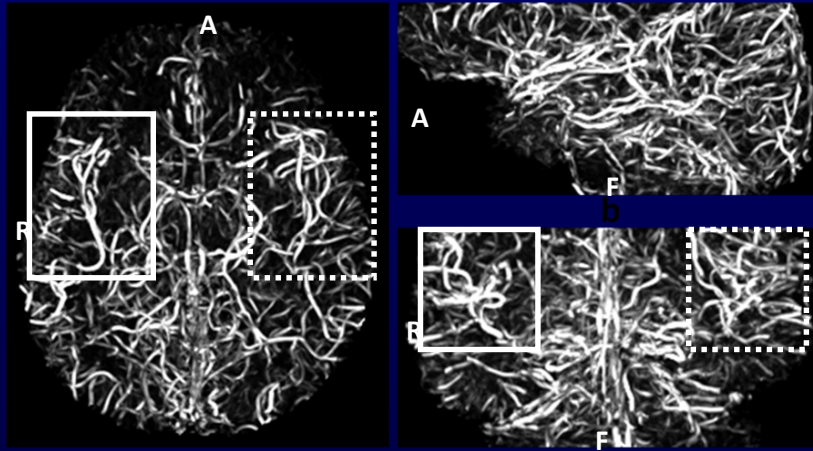
Pulse Sequence Diagram for CODEA



CODEA in Chronic Stroke Patients



a CODEA MRA

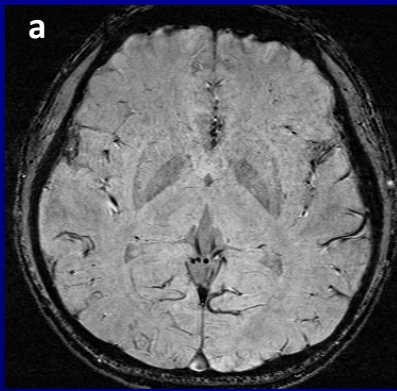


a CODEA MRV

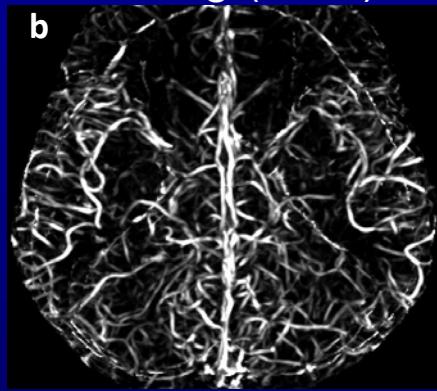
- CODEA MRA detected arterial occlusion.
- CODEA MRV detected reduced venous vascularity and some hypointense structures in regions of arterial occlusion.

Segmentation of Arteries & Veins

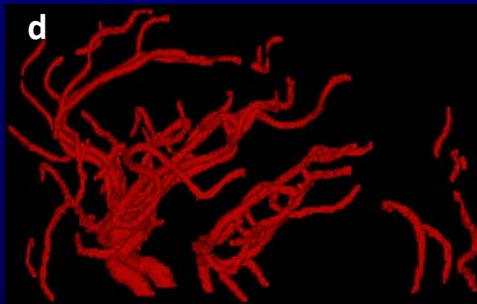
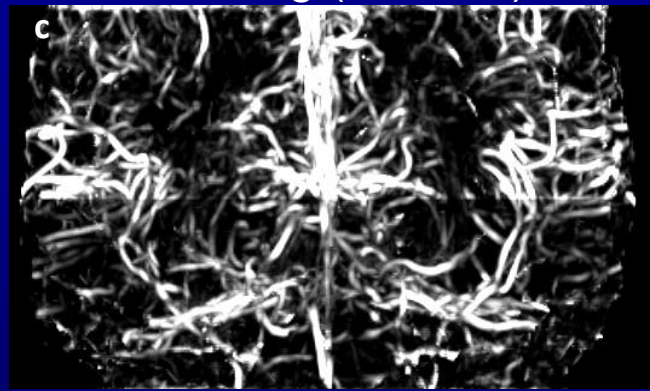
CODEA MRV



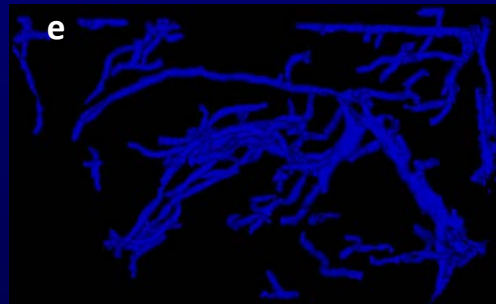
CODEA MRV
Vessel-Enhancement
Filtering (Axial)



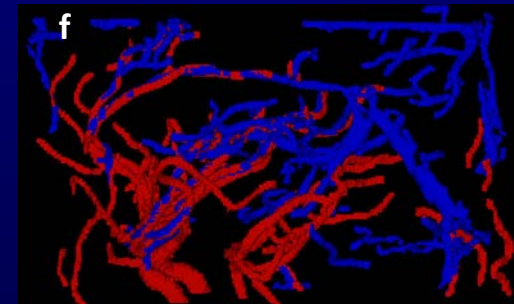
CODEA MRV
Vessel-Enhancement
Filtering (Coronal)



CODEA MRA
(volume rendering)



CODEA MRV
(volume rendering)

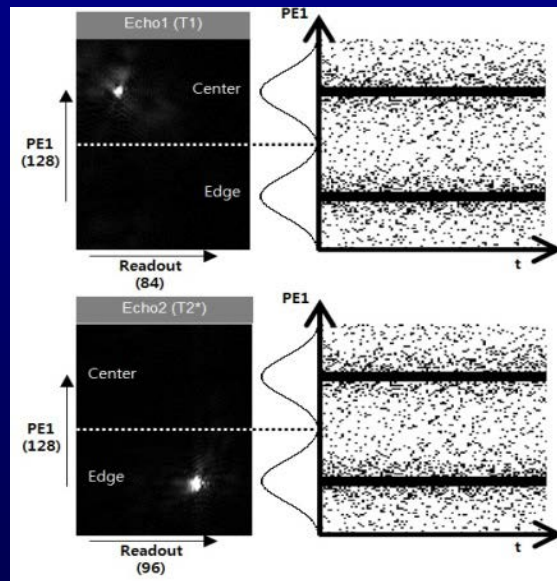


CODEA MRA/MRV
(volume rendering)

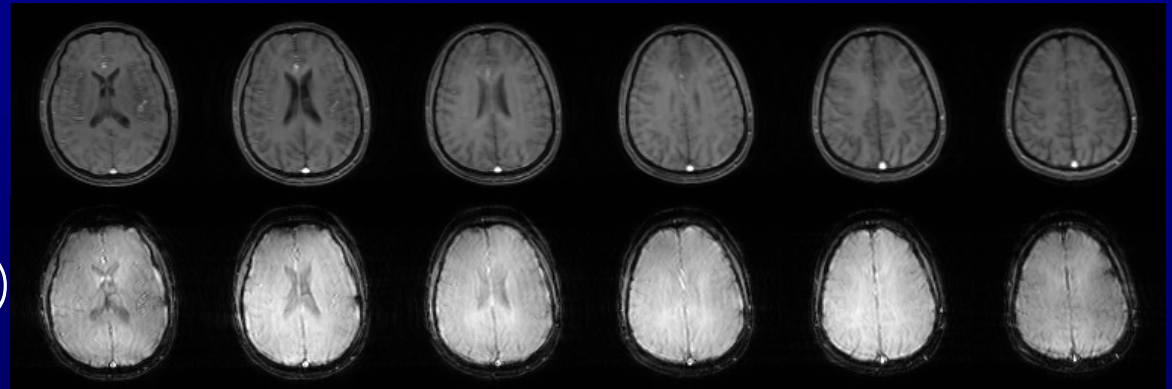
Dynamic T_1 and T_2^* -w Imaging (Simultaneous *DCE-DSC* Imaging)



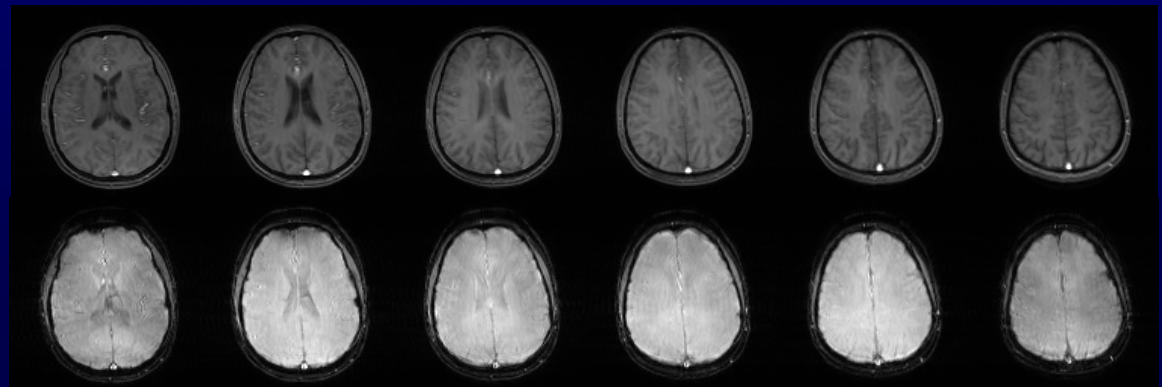
도원준



Full
(16s)



CS4
(5s)

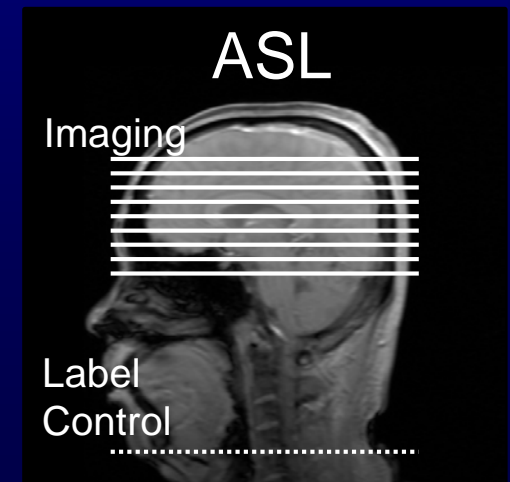


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Arterial Spin Labeling (ASL)

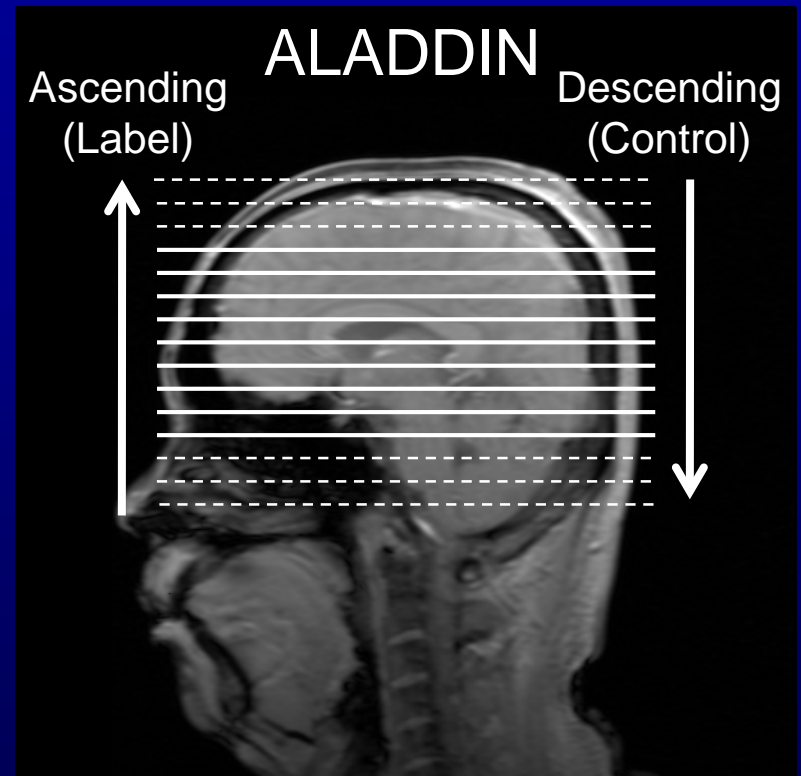
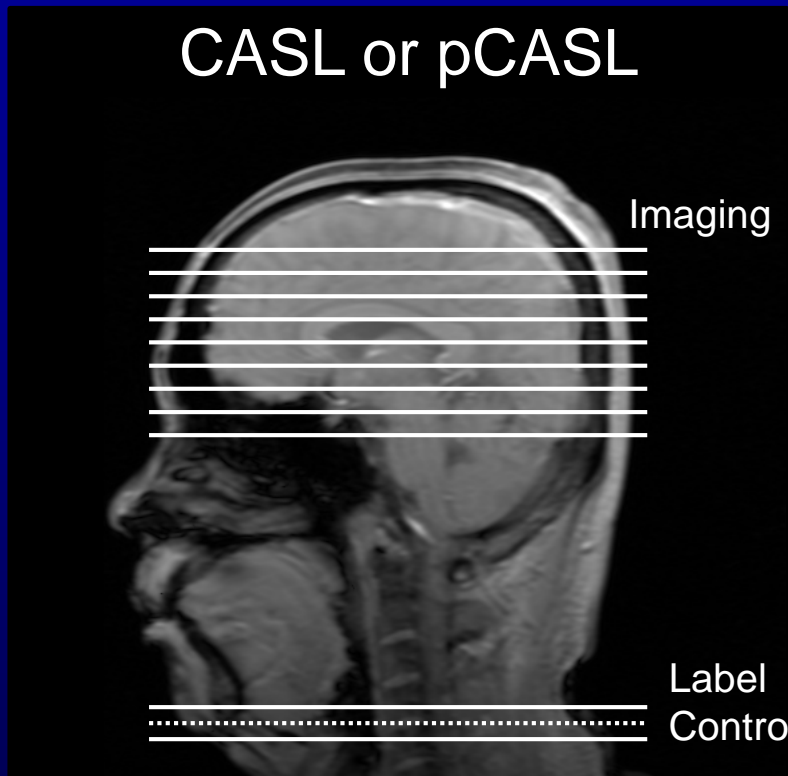
- MR Perfusion-Weighted Imaging
 - With contrast agent
 - Arterial Spin Labeling without contrast agent
- Acquisition of one image with arterial bloods inverted (labeled) prior to the acquisition.
- Acquisition of another image with no labeling of arterial bloods (control)
- Subtraction between the two images → ASL
- Pulsed ASL (PASL)
 - Adiabatic inversion RF pulse
- Continuous ASL (CASL)
 - Constant long RF and gradient pulses
 - Flow-driven adiabatic inversion
- Pseudo-continuous ASL (pCASL)
 - CASL with multiple short RF pulses



Alternate Ascending/Descending Directional Navigation (ALADDIN)

- All ASL techniques require spin preparation.
 - Pulsed ASL (PASL)
 - Continuous ASL (CASL)
 - Pseudo-continuous ASL (pCASL)
 - Limitations
 - Low percent signal changes
 - Narrow time window for perfusion contrast
 - Sensitivity to tissues with heterogeneous arterial transit time
 - No perfusion directionality
- ➔ New approach (ALADDIN)

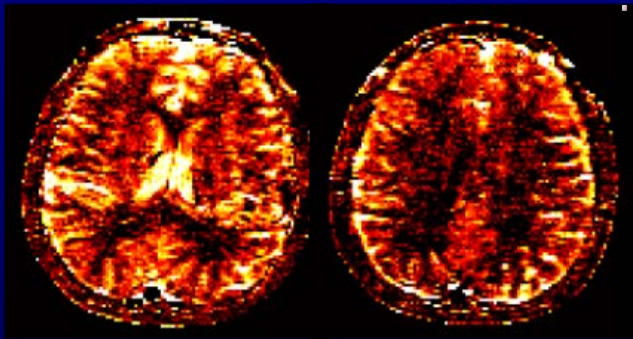
Schematic Diagram for ALADDIN



ALADDIN : Alternate Ascending/Descending Directional Navigation

Park and Duong, Magn Reson Med 2011; 65(6):1578-1591

ALADDIN ASL

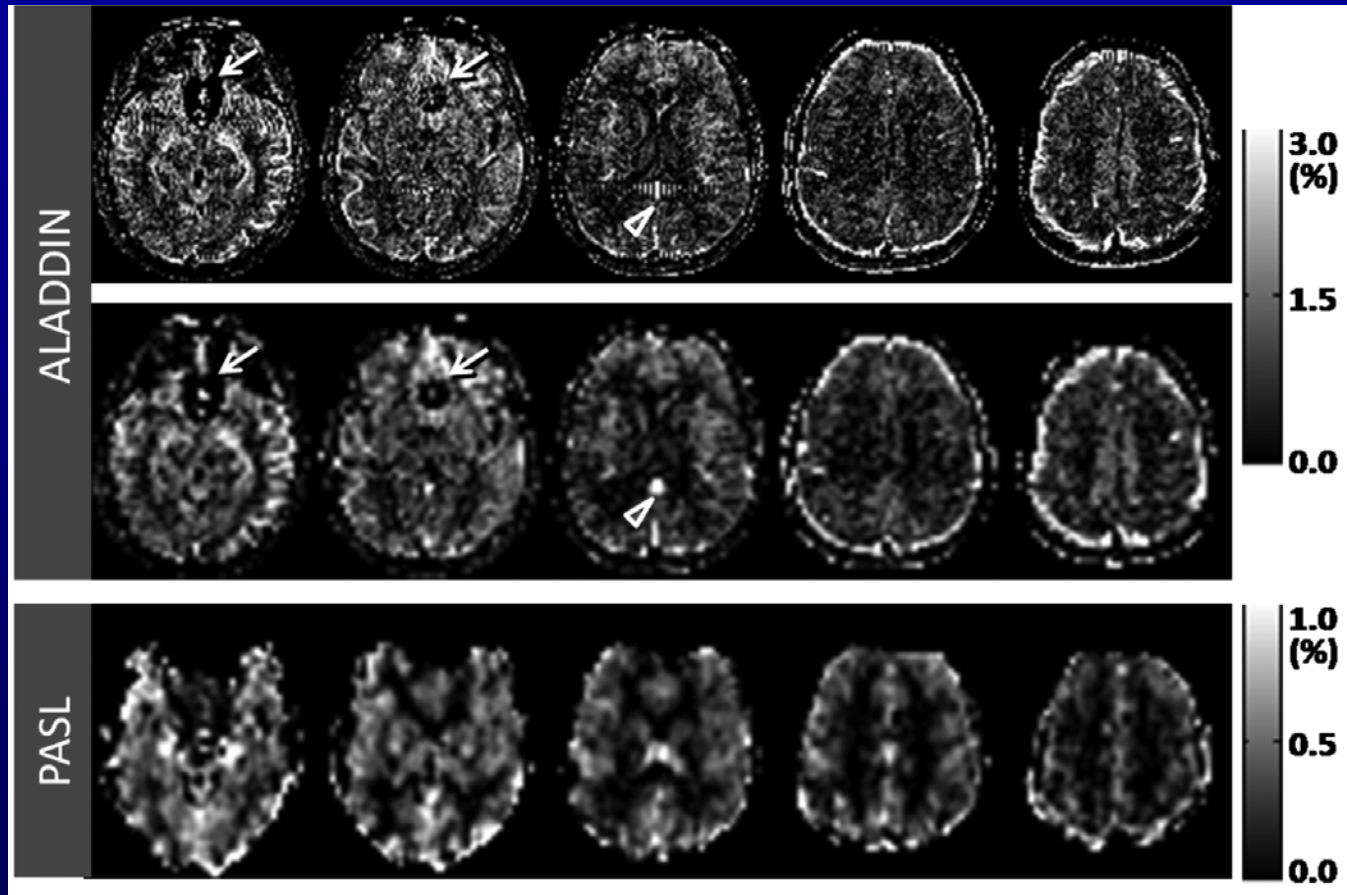


2 (p.u.)



0

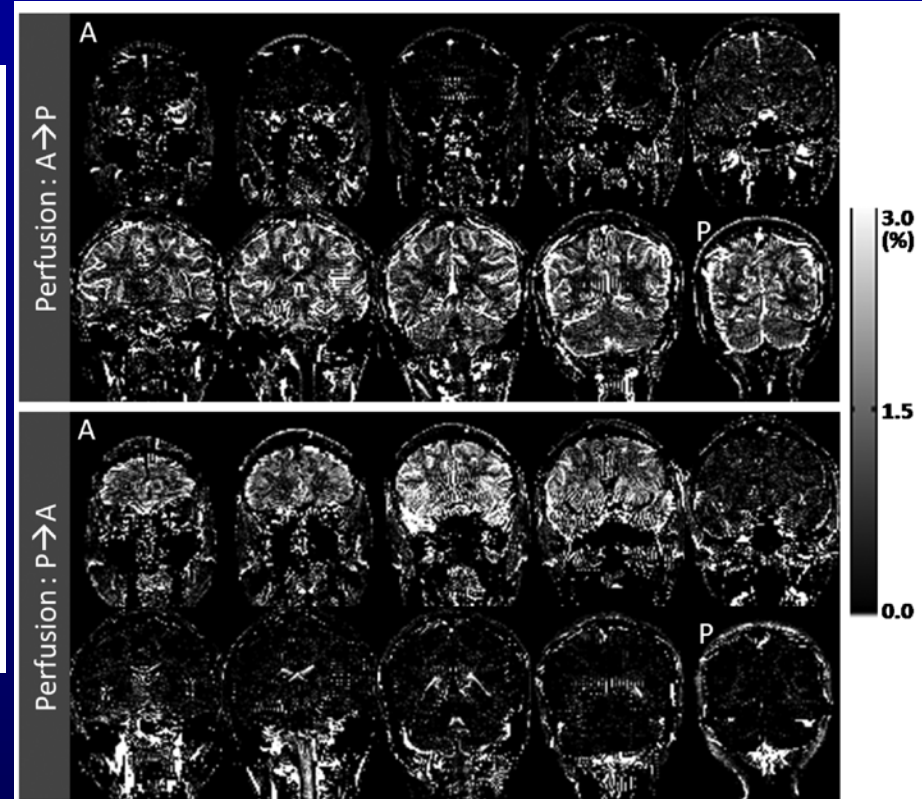
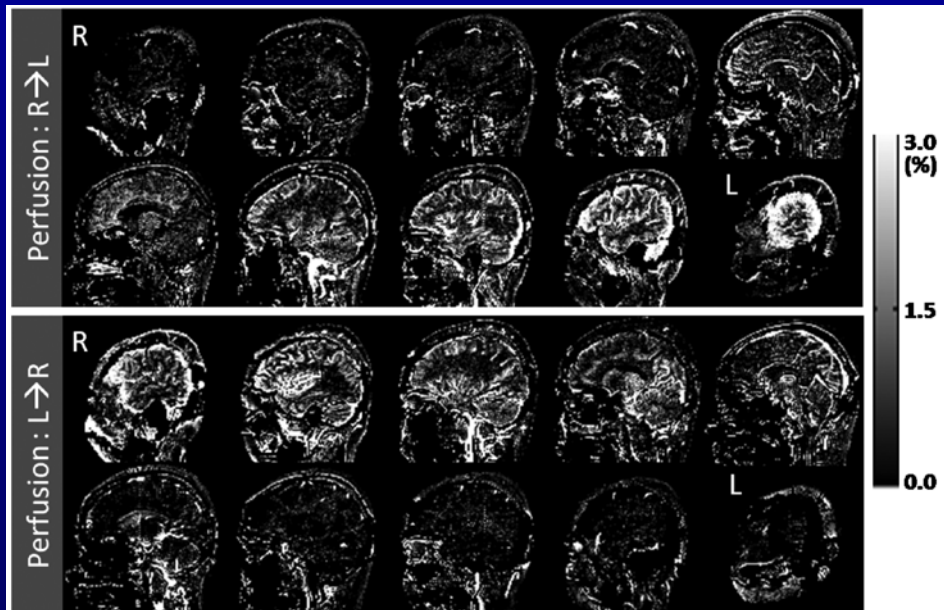
PASL vs ALADDIN



Park and Duong,
Magn Reson
Med 2011;
65(6):1578-1591

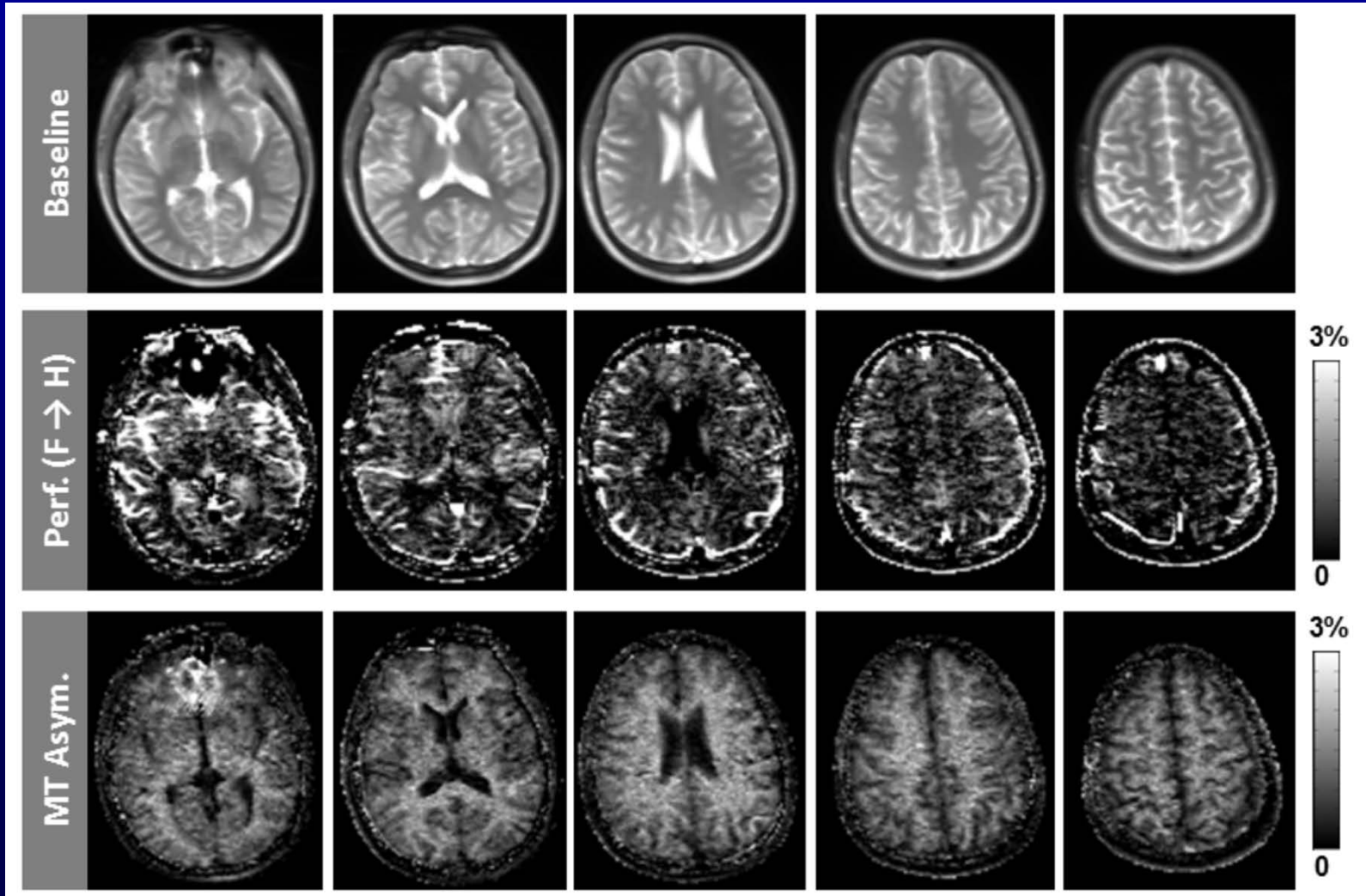
- Higher percent signal changes in ALADDIN.
- No susceptibility artifacts but signal voids in the regions of banding artifacts (arrows) in ALADDIN.
- Flow artifacts in ALADDIN (arrowheads)

Sagittal & Coronal Images



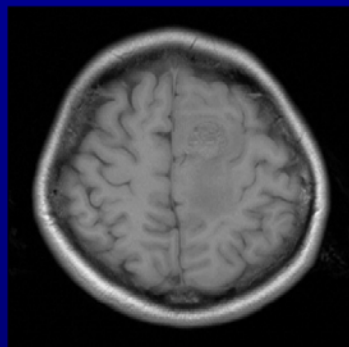
- Changes in perfusion direction between hemispheres
- Most GM perfusion was from medial to lateral.
- Perfusion direction in some WM was opposite to that of GM.

Simultaneous CBF and MT Asymmetry Imaging with ALADDIN

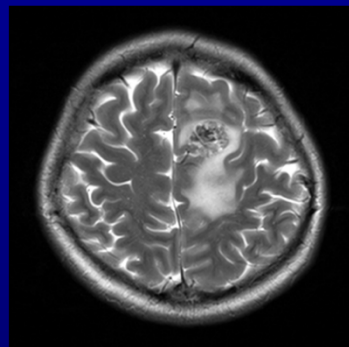


Simultaneous CBF, MTR_{Asym} , and MTR Imaging with ALADDIN for Meningioma

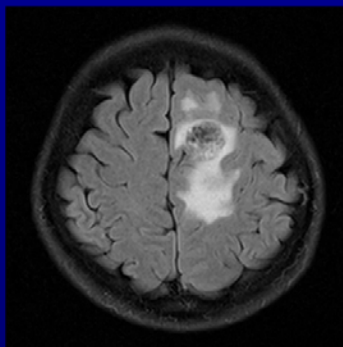
T1



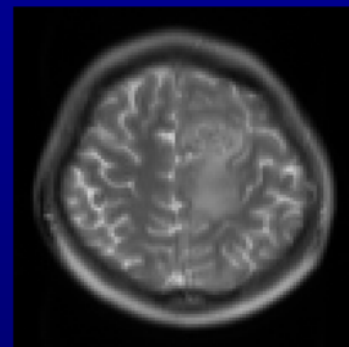
T2



FLAIR

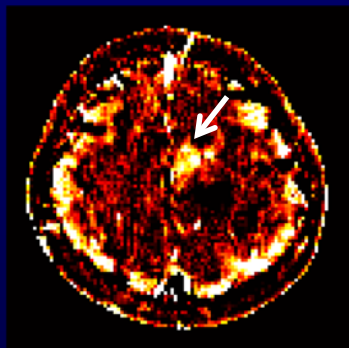


Baseline



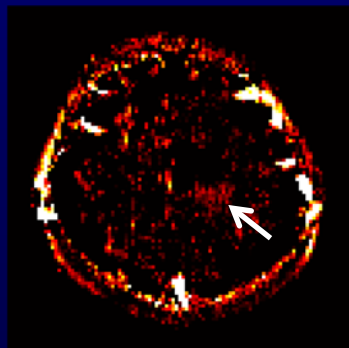
Perfusion (F→H)

3 (p.u.)



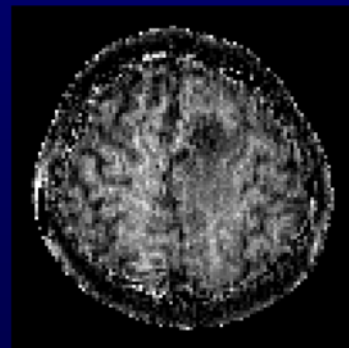
Perfusion (H→F)

3 (p.u.)



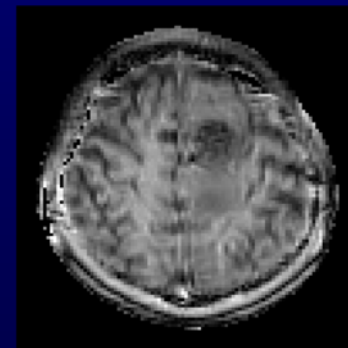
MT Asymmetry

3 (p.u.)



MT Ratio

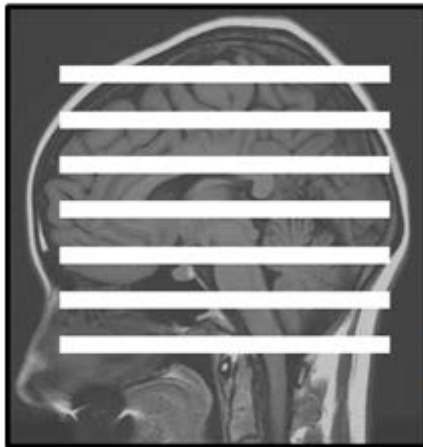
50 (p.u.)



Multiphase ALADDIN



김기환



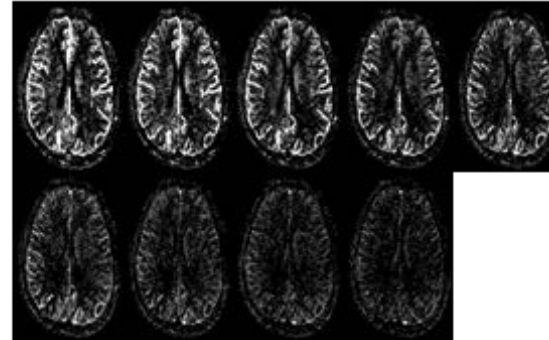
Ascending
(Labeling)



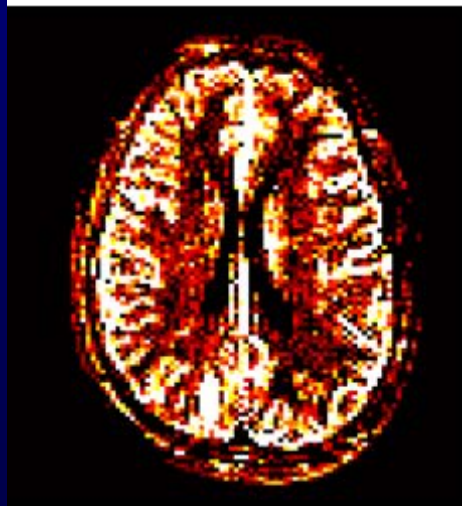
Descending
(Control)



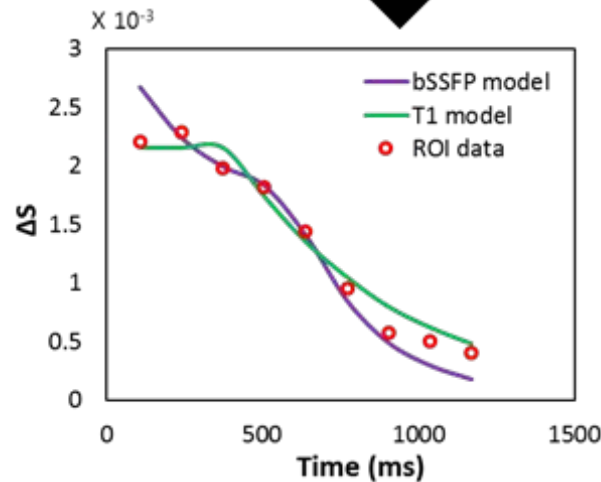
Multiphase bSSFP



$$\Delta S = \text{Control} - \text{Labeling}$$

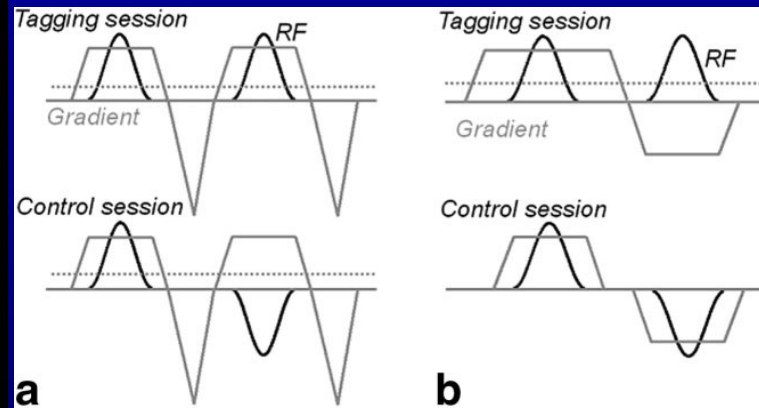
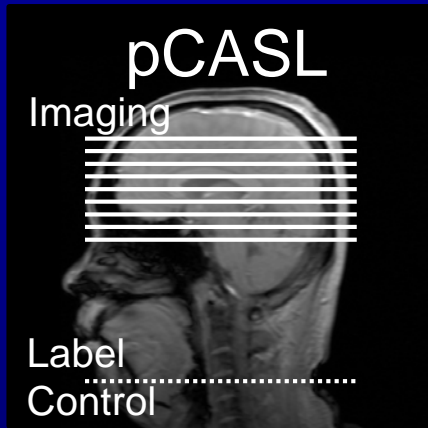


aCBV map

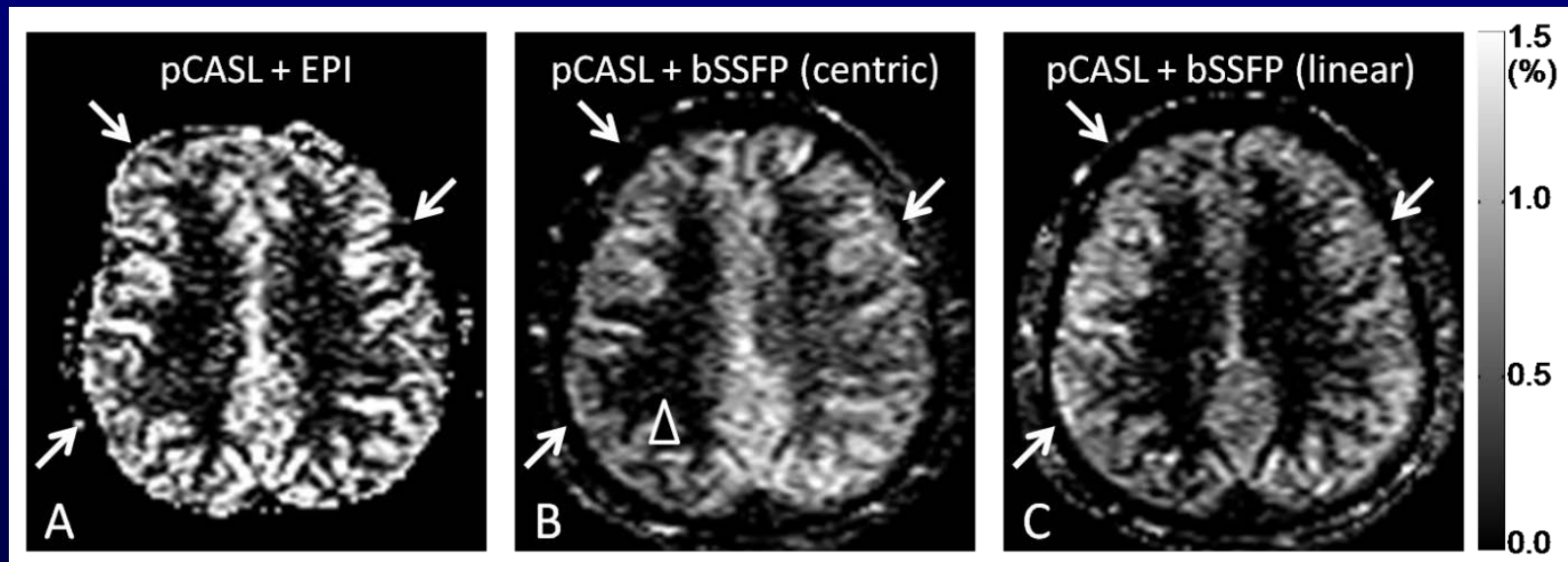


Curve fitting

Pseudo-Continuous ASL with bSSFP Readout (1) Brain

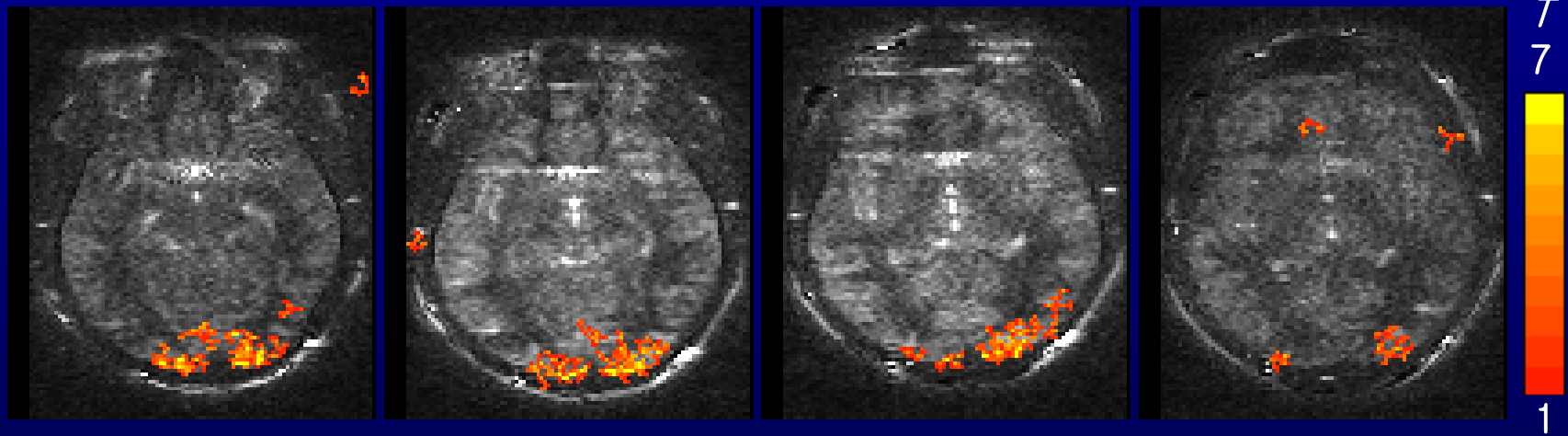


Wu et al, MRM 2007;58:1020-1027
Dai et al, MRM 2008;60:1488-1497



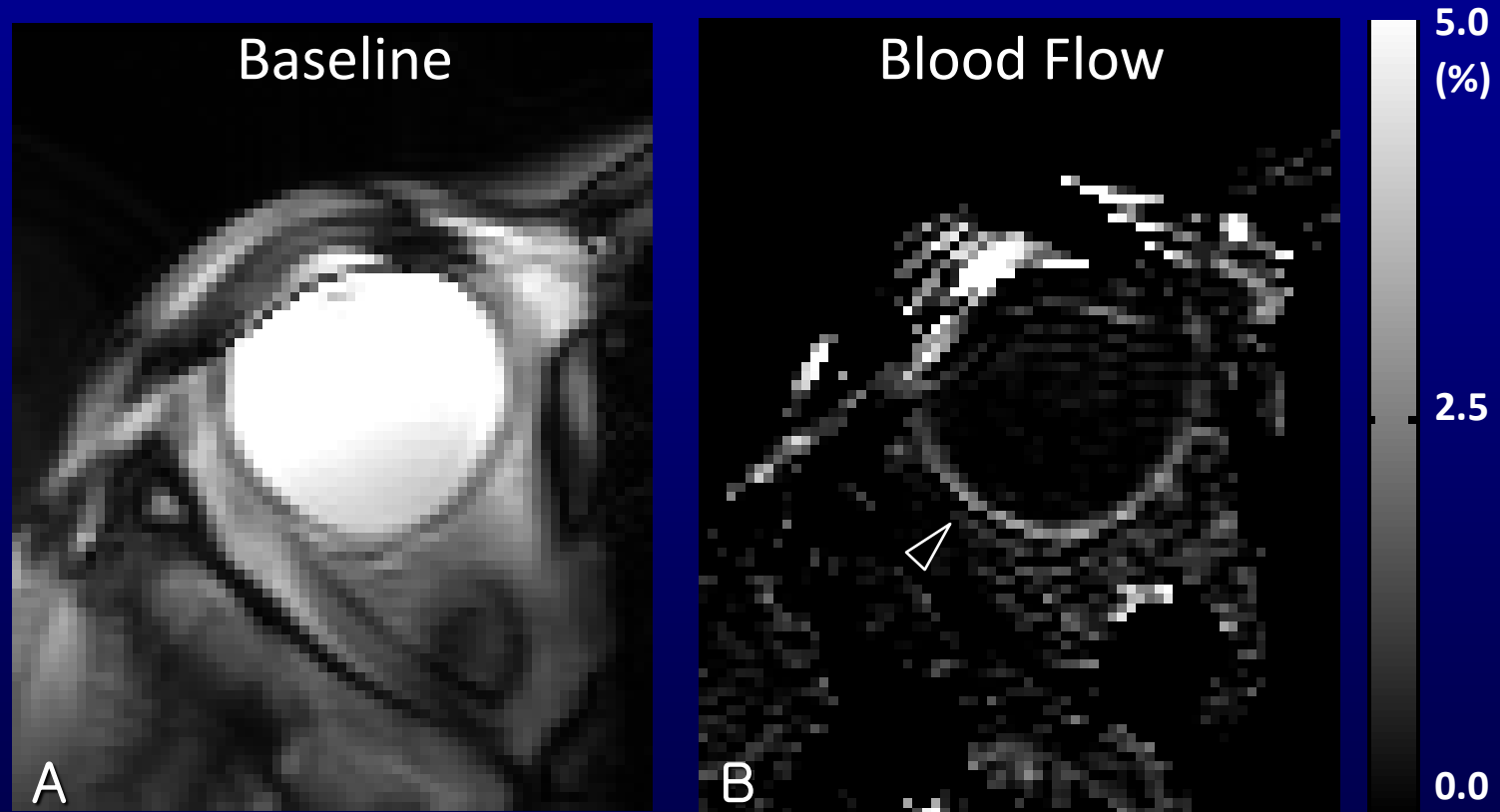
Park et al, Magn Reson Imag 2013;31(7):1044-1050

Pseudo-Continuous ASL with bSSFP Readout (2) fMRI



Park et al, Magn Reson Imag 2013;31(7):1044-1050

pCASL-bSSFP for Human Retina



pCASL-bSSFP for Human Kidney

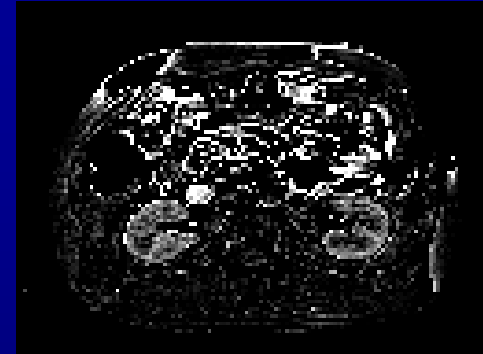
Baseline Image



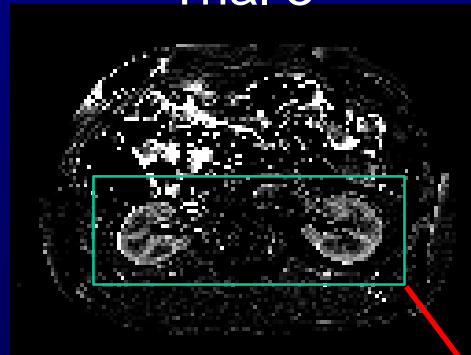
Trial 1



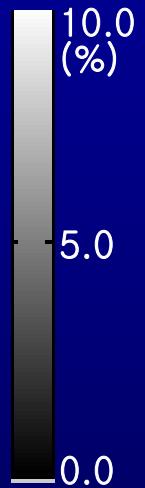
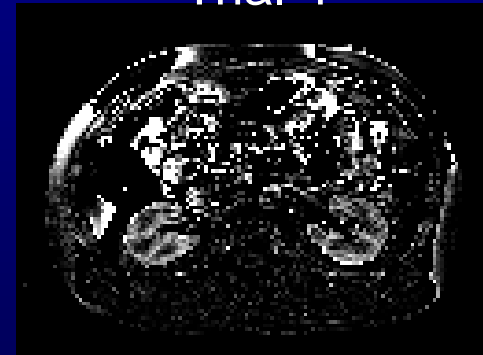
Trial 2



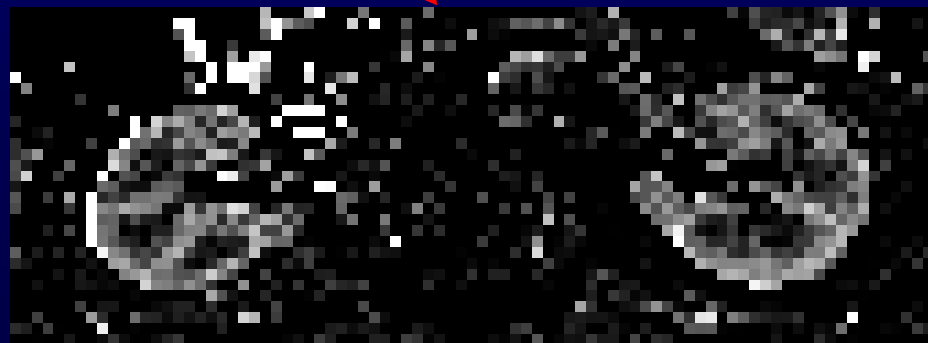
Trial 3



Trial 4



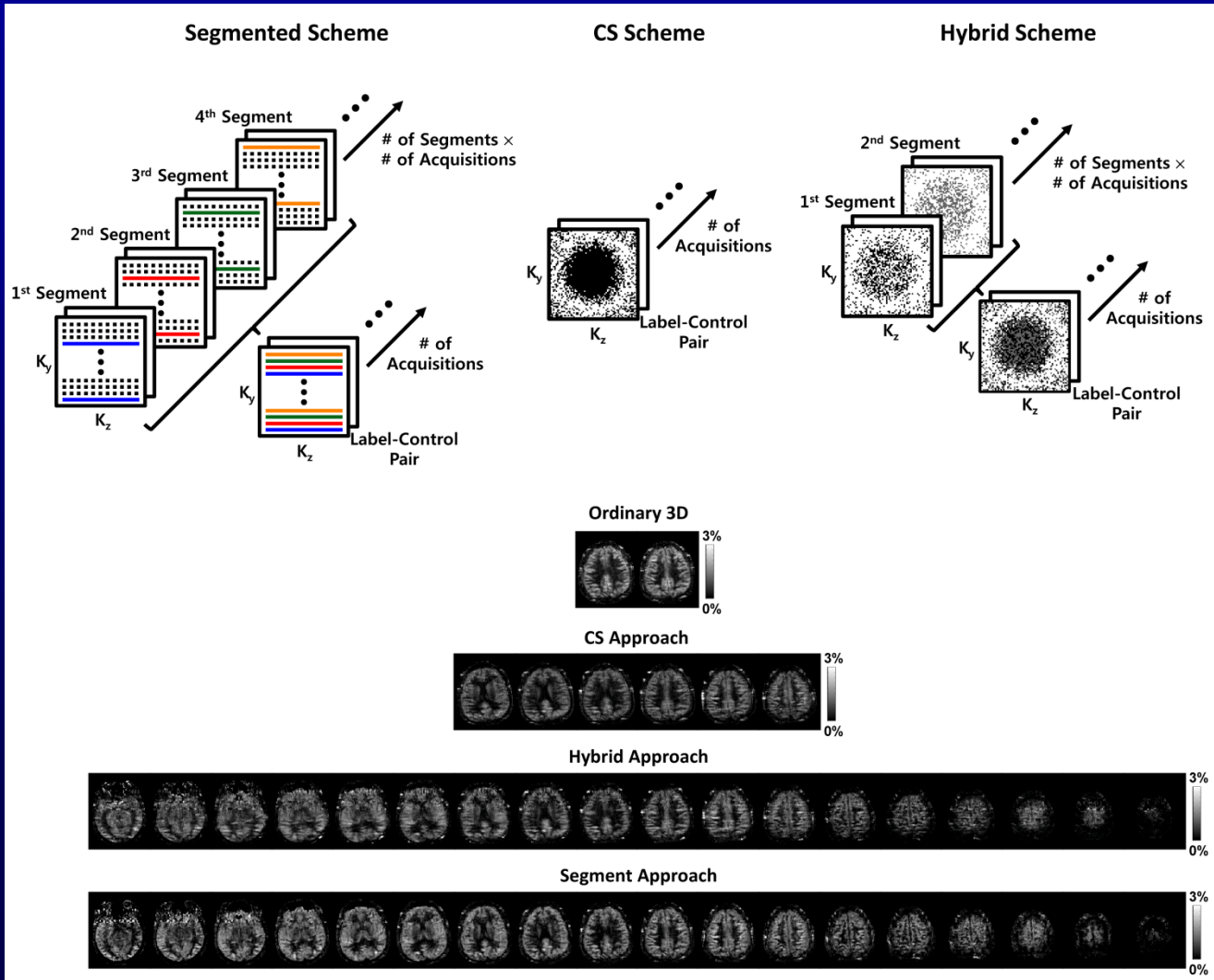
- The pCASL-bSSFP for kidney within **single breath hold** was reproducible.
- The percent signal change in renal cortex was ~ 4 times higher than brain cortex.



pCASL-bSSFP in the Whole Brain



한폴규

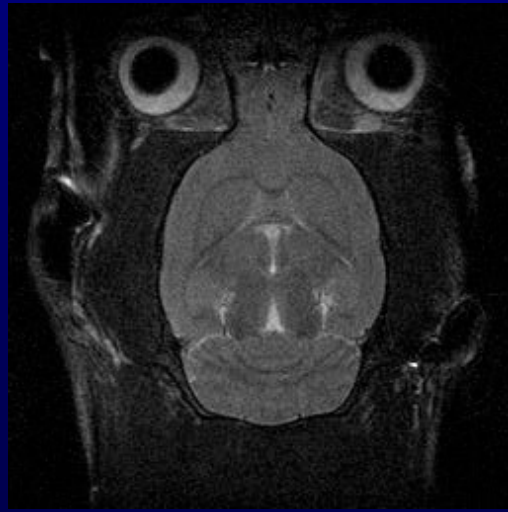
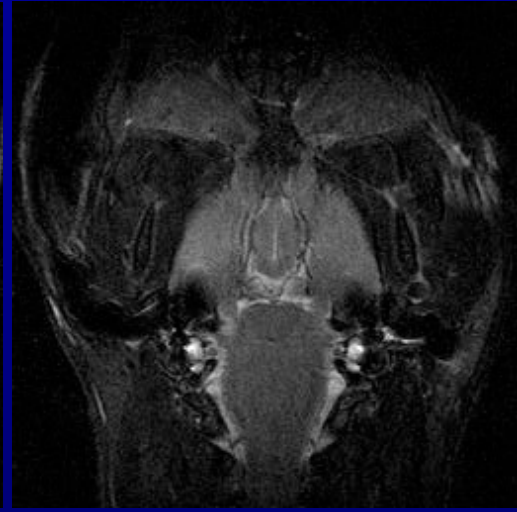
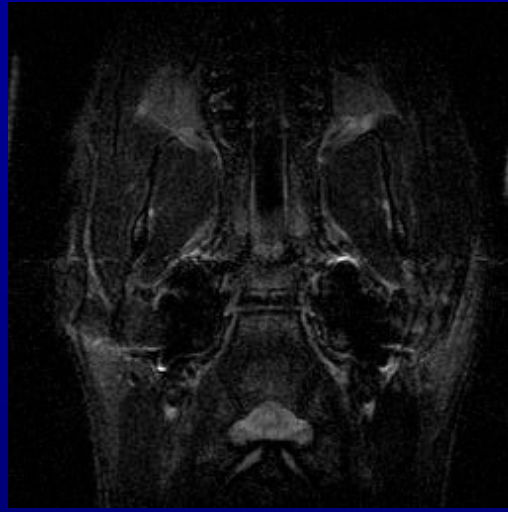
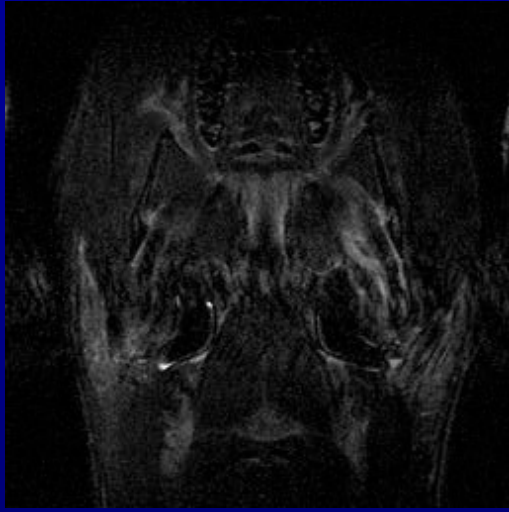


**New Helium-Free
Superconducting 3T Animal MRI
Scanner**

MRI Pictures



MRI Images (1) Rat T2-w Images

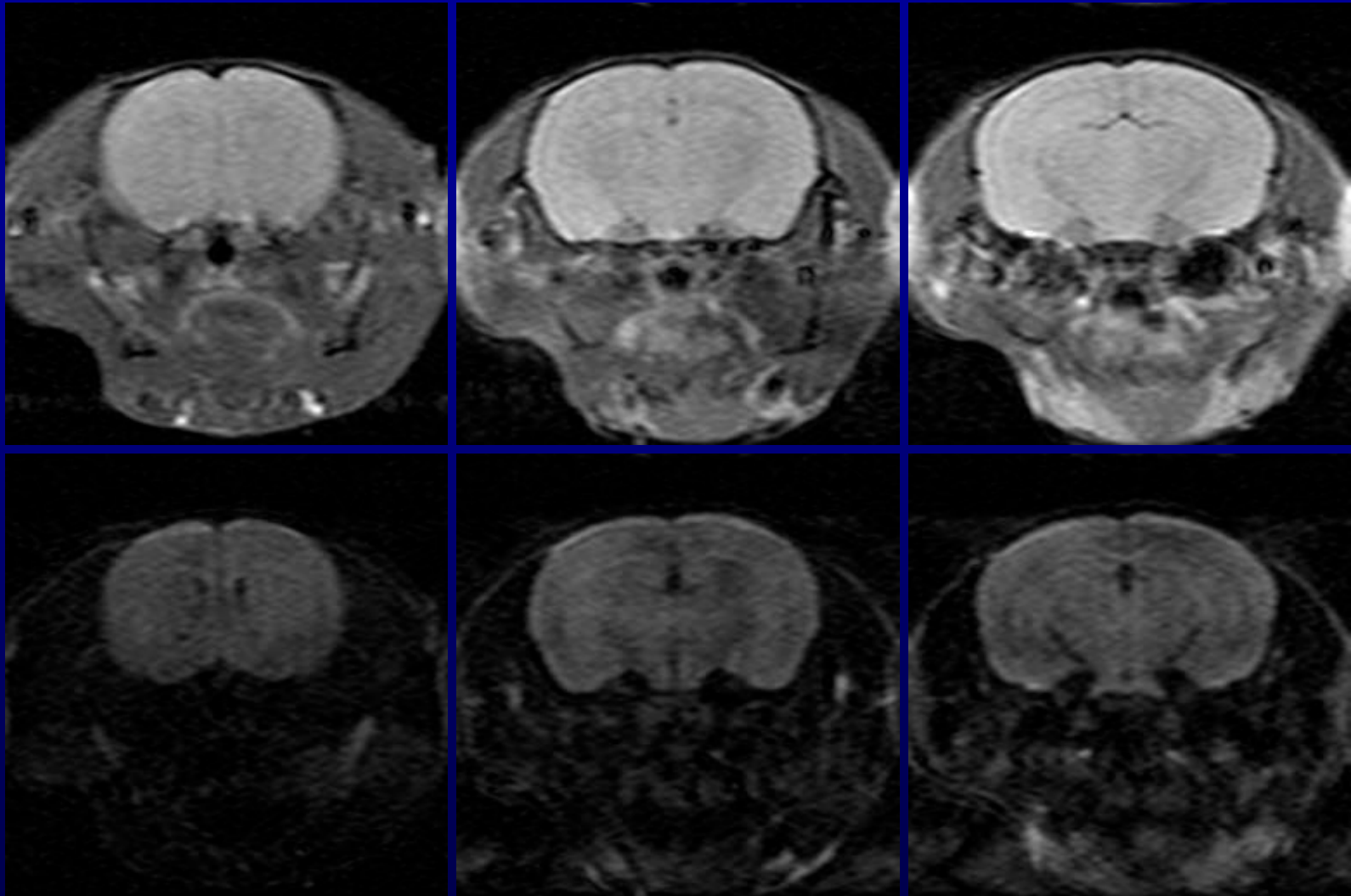


(2) Mouse T2-w Images



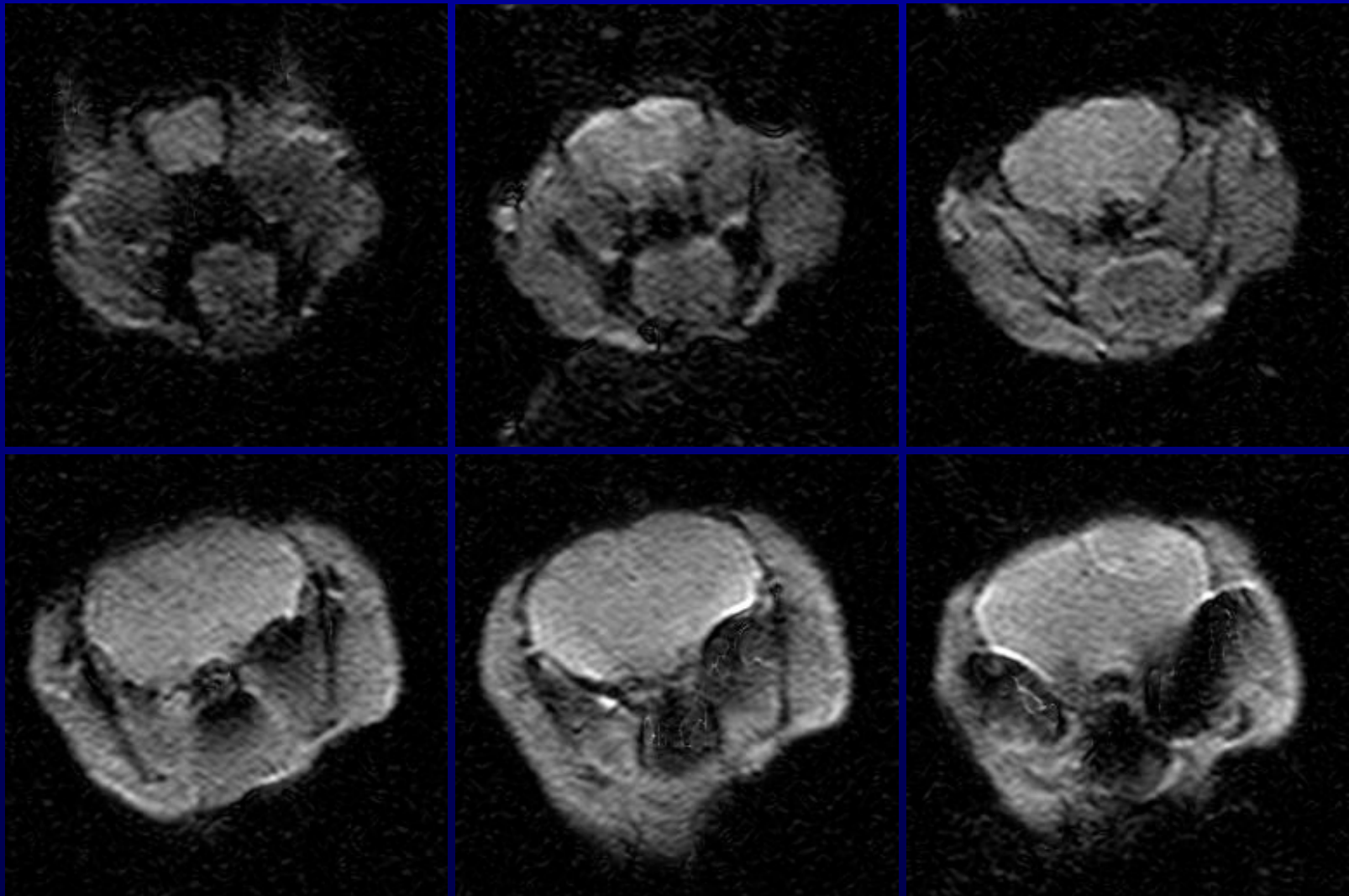
of slice : 18, NA : 4, TR : 4800 ms, TE : 68 ms, Thickness : 1 mm,
FOV : 15 X 15 mm², Matrix size : 256 X 256, Scan time : 10m 13s

(3) Mouse Diffusion-weighted Images



of slice : 6, NA : 1, TR : 2000 ms, TE : 30 ms, Thickness : 1 mm,
FOV : 15 X 15 mm², Matrix size : 128 X 64, b=1000, Scan time : 4m 32s

(4) Mouse Echo Planar Images



of slice : 12, NA : 1, TR : 2000 ms, TE : 10 ms, Thickness : 1 mm,
FOV : 20 X 20 mm², Matrix size : 96 X 68, Scan time : 27s

Acknowledgement

- KAIST

Won-Joon Do
Ki Hwan Kim
Paul Kyu Han

Dr. Jong Chul Ye

- Seoul National University Hospital

Seung Hong Choi

- Gacheon University Hospital

Eung Yeop Kim

- Univ. of Pittsburgh

Dr. Kyongtae Ty Bae
Dr. Hackjoon Shim
Dr. Chan-Hong Moon

Dr. Edwin Nemoto

- Research Imaging
Institute / UTHSCSA

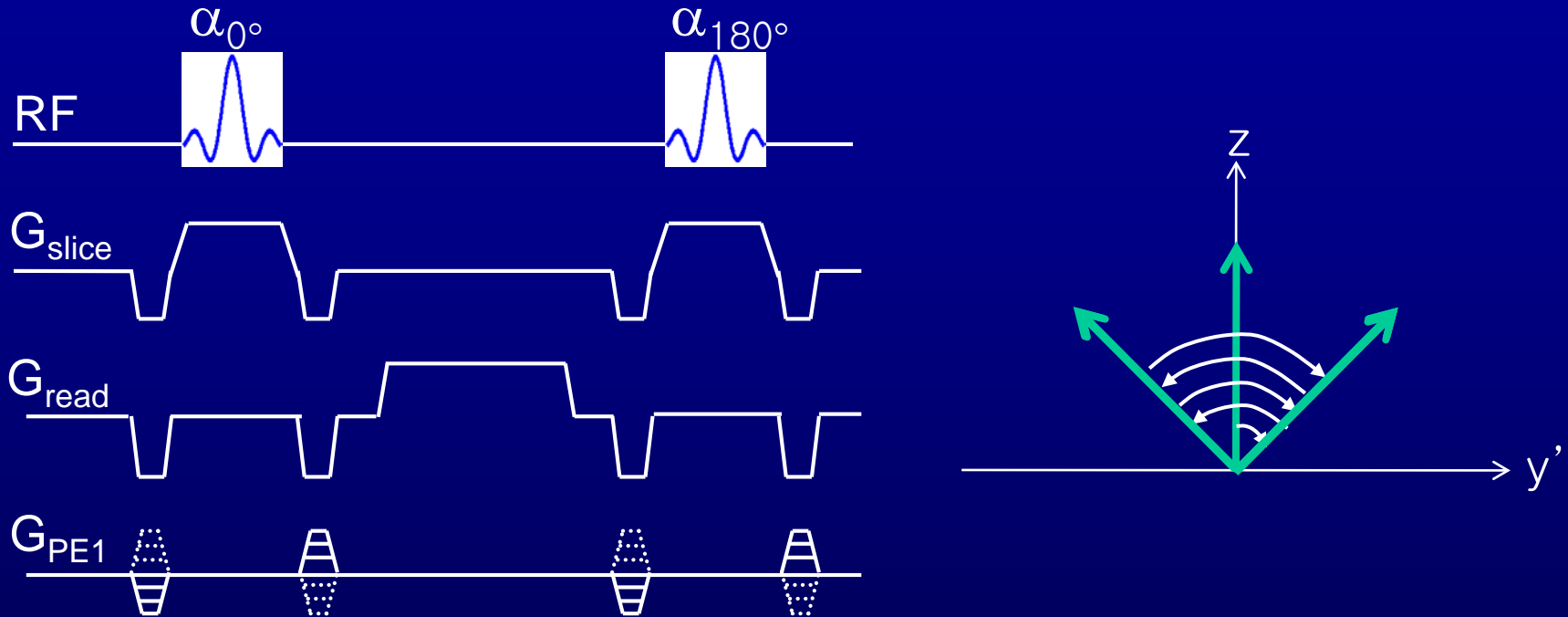
Dr. Peter T Fox
Dr. Timothy Q Duong

- Univ. California LA

Dr. Danny J. Wang

Thank you.

Balanced Steady State Free Precession (bSSFP)



- Summation of all the gradients along each direction is zero.
- TE is balanced at TR/2.
- Transmission RF phase is alternating between 0° and 180° .
- High flip angle ($40\text{--}70^\circ$), short TR (3–5ms), but relatively high SNR
- Good for fast imaging (e.g. ALADDIN, cardiac MRI, fMRI)